

3rd Floor, Dents Chambers, 81 New Square, Chesterfield, Derbyshire, S40 1AH

01246 555908  community@dva.org.uk  www.dva.org.uk

**Registered Charity No. 1134329 A Company Limited by Guarantee – Registered in England 6956527**

Application for employment

Please refer to the Job Description before completing this application, the short listing of applicants will be based on the information gathered from this form.

Please return your completed application form electronically to **Jenny@dva.org.uk** **by no later than 9am** on **Monday 31st October 2022**.

|  |  |
| --- | --- |
| Forenames |  |
| Surname |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Email |  |

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| --- | --- |
| Do you currently have permission to reside and work in the UK?(Delete as appropriate) |  **Yes / No** |

**Education and Training**

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 **Employment History**

 Please give details of you previous employment starting with the most recent.

|  |  |  |
| --- | --- | --- |
| **Name and address of employer** | **Position held** | **Business and Admin Coordinator****Co-op Director and Secretary to the Board** |
|  | **Dates of employment (mm/yyyy)** |  |
| **Reason for leaving** |  |
| **Name and address of employer** | **Position held** |  |
|  | **Dates of employment (mm/yyyy)** |  |
| **Reason for leaving** |  |
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| **Reason for leaving** |  |
| **Name and address of employer** | **Position held** |  |
|  | **Dates of employment (mm/yyyy)** |  |
| **Reason for leaving** |  |

**Information in support of your application**

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| Please use the box below to tell us about any **skills and experience** you have acquired that can support this application whether within the working environment or outside (*you can use additional sheets if needed).*Please refer to the person specification points so that we are able to make the best judgement as to your eligibility.  |

1. Please use the box below to tell us why you applied for this job and why you think you are the best person for the job (*you can use additional sheets if needed).*

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Have you ever been convicted of a criminal offence?Yes 🗆 No 🗆

*(Declaration subject to the Rehabilitation of Offenders Act 1974)*

If you have a disability please tell us about any adjustments we may need to make to assist you at interview.

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When could you start work for us?

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**References**

Please give the names of two persons as referees who we can approach. No approach will be made to present or previous employers before an offer of employment is made.

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |
| Relationship to you |  |

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |
| Relationship to you |  |

I can confirm that all the information given on this form is correct and true to my knowledge.

**Signature** … …………………………………….**Date** …………........................

Data Protection – This is a confidential document and will only be used for the purposes for which it was intended.