

APPLICATION FOR EMPLOYMENT

CONFIDENTIAL

All information provided is treated in confidence.

The information on this page is for Lgt Administration department use.

Certain information will be held and processed on computer in accordance with the Lilias Graham Trust's registration under the Data Protection Act.

The Lilias Graham Trust wishes to ensure that comparison between applicants for posts is thorough, fair and in line with its Equal Opportunities policy. It is, therefore, essential that you complete this application form <u>fully</u>.

Post applied for
Location
How did you hear about this vacancy?
SURNAME
FIRST NAME
HOME ADDRESS
TEL(HOME)
TEL(MOBILE)
TEL(WORK)
EMAIL ADDRESS



May we contact you at work YES/NO
If offered a position, how much notice, if applicable, are you required to give?
Are there any dates/times you cannot attend for interview?
(Please note: we may not be able to accommodate your constraints)

WORK EXPERIENCE

We want to know about your work experience, paid or unpaid. Please give details of all the posts you have held, starting with your *current post*, accounting for any gaps in employment.

Dates Employed	Name of Employer/ Organisation	Type of Business	Job Title & Summary of Main Responsibilities	Please state: casual, p/t, f/t, voluntary	Reason for leaving	Final Salary



EDUCATION AND TRAINING

Please list all the qualifications you have and any education and/or training (including short courses) that you have undertaken.

DATES	EDUCATION	QUALIFICATIONS
PROFESSIONAL MEN	MBERSHIPS (include grade of membershi	p):
OTHER TRAINING CO	DURSES/QUALIFICATIONS RELEVANT TO	THIS APPLICATION:
RSONAL STATEMENT	•	

PΕ

Please use this section to give additional information to su applying for this post. You should outline experience, skills, particularly relevant to the job.	

All successful applicants will undertake a PVG check before commencing post. It is essential that all applicants have a full UK Drivers licence;



Do you hold a c	current driving license YES/NO	
Do you have ac	cess to a car for work YES/NO	
FERENCES		
Referee 1		
Name		
Position		
Organisation		
0.80		
Address		
Tel no		
101110		
Mobile		
Email		
Linan		
May we contac	t this referee prior to appointment? YES/NO	
Referee 2		
Name		
Position		
Organisation		
0.80		
Address		



Tel no
Mobile
Email
May we contact this referee prior to appointment? YES/NO
If your previous employer no longer exists, or if there have been breaks in your employment over the last 3
years, please give the name of a responsible person to act as a personal referee.
This person must not be related to you and must have known you for at least 3 years.
I declare that, to the best of my knowledge, the information given on this form and on any other documents
supporting this application is true and correct.
Lundovstand that if Lam appointed to the Lilias Craham Trust's staff it will be on the basis of this information
I understand that if I am appointed to the Lilias Graham Trust's staff it will be on the basis of this information and that a false statement may result in termination of that employment.
and that a raise statement may result in termination of that employment.
Signature:
Date:

Please return this form to clairethomson@thelgt.org.uk