Application form

Operations Manager at St James Muswell Hill

Full Name:
Previous Names:
Date of Birth:
Address:
Postcode:
Phone:
Email:
Education and training
Please give details of all education (secondary and tertiary) and training, including dates, names of establishment and results.

Qualifications

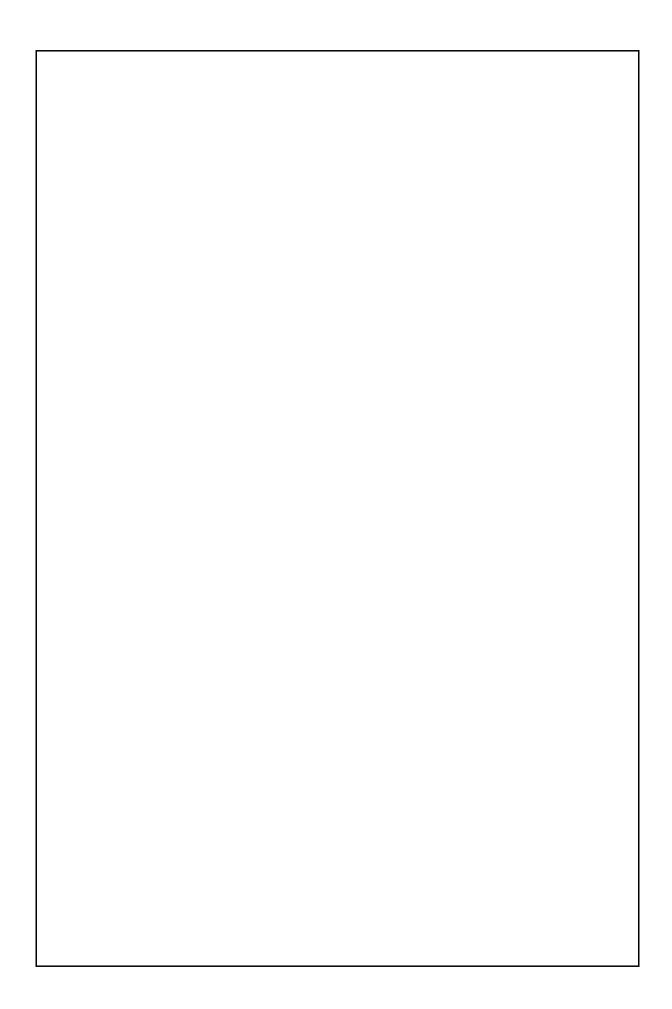
Please give details of any relevant qualifications, including dates, names of establishmen
and qualifications. Indicate if any of these are currently 'in progress'.
Γ
Employment history
Your current or most recent employer
Name of employer:
Address:
~
Postcode:
Start / End date with employer:
Reason for leaving:
Summary of Duties:

Full History Since Leaving School

Please provide your complete employment (paid and voluntary) and education history since leaving school including start and end dates and locations with the key duties and the skills you used or learned in those jobs. Please include a brief explanation of any gaps in history.				

Supporting statement

With reference to the person specification, please tell us why you applied for this job,					
including details of the skills and attributes that you believe you bring to the role, including					
any relevant church experience. (No more than 2 sides of A4, please.)					



Interview arrangements and availability

you have a disability, ple nake to help you in our re	ease tell us if there are any reasonable adjustments we can ecruitment process.
lake to holp you Jan.	ici didinenti process.
are there any dates when	you will not be available for interview?
When can you start worki	ng for us?
•	
References	
J	s and contact details of 2 people whom we can ask to give you a east one reference must be from your current / most recent ntary position.
• • •	cing period is two years, therefore you may need to provide
	es depending on your work history.
	referees before interview and we will not ask your current
employer until we get	
 Note that referees mu 	st be over 18 and not family members or relatives.
Referee 1	

Referee 2	
Referee 3 (if	required)
Declaratio	า
	to the best of my knowledge the information I have provided on this form
is true and co result in my o	mplete and I accept that providing deliberately false information could
result iii iiiy t	iisiilissui.
Name:	
Signature:	
Date:	