

# Bathurst Park & Recreation Trust Application Form

Please complete in black ink.

Note: C.Vs may be attached as supporting documentation only

### **PART A**

Position applied for:	Closing date and source of application:
Permanent Part-time Cleaner	
Monday (1hrs), Wednesday (1hr) and	
Friday (1hr)	
Surname:	First names and title:
Address:	Telephone:
	Mobile:
	Email:
	National Insurance Number:
	D.O.B:

### Personal Details:

Do you require a work permit to take up employment in the UK?	Yes	No	
Are you legally eligible for employment in the UK?	Yes	No	
Do you hold a current clean driving licence?	Yes	No	
Please give details of any driving offences currently under endorsement:			
Please give details of any unspent criminal convictions that you may have (in accordance with the Rehabilitation of Offenders Act 1974).			
If offered this position will you continue to work in any other capacity?	Yes	No	
Have you previously worked for Bathurst Park & Recreation Trust?	Yes	No	
Is your ability to perform the particular job for which you are applying limited in any way?	Yes	No	

If yes, how can we overcome this?			
<b>References</b> Please give the names and addresses of two references employer if possible.	erees. One should be your present or last		
Referee 1	Referee 2		
Name	Name		
Address	Address		
Capacity in which known:	Capacity in which known:		
May we approach them now?	May we approach them now?		
Yes No	Yes No		
Are you related to any member or employee of th	e Trust? Yes / No		
If yes please give full details:			
IMPORTANT NOTICE Failure to answer all the questions on this applimight influence a decision on whether or not to application and the offer of employment, and dismissal.  DECLARATION	employ you will automatically invalidate the		
I, the undersigned, declare that the information given by me on this application and any other form (including at interview) to the best of my knowledge is correct, and that I have not knowingly withheld any fact or circumstance which, if disclosed, would influence a decision to employ or not employ me.			
Signature	Date		

Please return your completed application, together with a covering letter to;
Mr M Greenfield, BPRT Secretary c/o
Council Chambers, High Street, Lydney GL15 5DX

## Please note: Applications received after the closing date will not be considered. CLOSING DATE: Monday 29<sup>th</sup> April 2024. (If you have not heard from the Trust by Friday 3<sup>rd</sup> May 2024, please assume your application, on this occasion, was unsuccessful)

#### PART B

### **Employment History**

Please list all employment in reverse chronological order, starting with your present or last position. Please continue on a separate sheet if you need to.

Name of Employer:	
Current/Most Recent Employer:	
Position Held: Period of Employment:	Salary/Grade:
Brief Description of Job/Responsibilities:	
Previous Employer:	
Position Held: Period of Employment:	
Brief Description of Job/Responsibilities:	
Reason for Leaving:	
Previous Employer:	
Position Held: Period of Employment:	
Brief Description of Job/Responsibilities:	
Reason for Leaving:	in of Professional Rodies)

Date From	m/To	Name of School	, College or University	Qualifications	Gained
From	То				
			Grade of		By Examination
Name of	f Profe	essional Body	Membership		Yes/No
			ant training courses atter		
ANY FUR	RTHER	TRAINING/QUA	ALIFICATIONS		
<b>Hobbies</b> Please gi	ve deta	ails of your main	hobbies:		

### Illness and/or Accidents

<u>END</u>

1.	During the past three years until now have you been treated by a Doctor and/or in a hospital for any illness or injury? If yes, please give details:			
2.	Are you prepared to undergo a medical examination?	Yes / No		
Additional Information Please provide any additional information in support of your application.				