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|  | **Lincolnshire House Association**  Application Form |

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| **What position are you applying for?** |
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| **Personal details** | |
| Forename |  |
| Surname |  |
| Address |  |
| Postcode |  |
| Telephone Number |  |
| Email address |  |

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| **Supporting information** |
| Why would you like to work at Lincolnshire House? |
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| **References** | |
| Please give the names and contact details of 2 people who we can ask to give you a reference. We may ask them before an employment offer is made. We will not ask your current employer until we get your permission. | |
| **Reference 1** | |
| Reference capacity |  |
| Forename |  |
| Surname |  |
| Address |  |
| Postcode |  |
| Telephone Number |  |
| Email address |  |
| **Reference 2** | |
| Reference |  |
| Forename |  |
| Surname |  |
| Address |  |
| Postcode |  |
| Telephone Number |  |
| Email address |  |

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| **Career history** | |
| Please provide details of your most recent employer | |
| Employer |  |
| Employer address |  |
| Position |  |
| Dates to-from |  |
| Responsibilities |  |
| Reason for leaving |  |
| Please tell us about other jobs you’ve had and about the skills you used or learned in those jobs | |
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| **Education & qualifications** |
| Please use the space below to detail your education & qualifications |
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| **Other relevant experience** |
| Please use the space below to detail any experience you feel would be relevant to support your application for this role |
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| **Criminal disclosure** |
| Have you ever been convicted of a criminal offence? If yes, please provide details  \*Declaration subject to rehabilitation of offenders |
| Yes/No |
| If yes, please provide details below |
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| **Driving?** |
| Do you hold a UK driving licence? |
| Yes/No |

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| **Right to work** |
| Do you need a work permit to work in the UK? |
| Yes/No |

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| **Declaration** | |
| I confirm that to the best of my knowledge the information I have provided on this form is correct and I accept that providing deliberately false information could result in my dismissal. | |
| Name |  |
| Signature |  |
| Date |  |