

Staff application form

|  |
| --- |
| Your name:  Role applied for:  Phone number:  Email address:  Home address:  Date of Birth:  National Insurance Number: |
| Do you know any employee or trustee of Level Trust? If yes, please describe in what capacity. |

|  |
| --- |
| Please tell us about yourself. We’d like to get an idea of how you’ll fit into our team, so getting a sense of your personality, interests and what motivates you will be a huge help. |
| (500-word limit) |

|  |
| --- |
| Please tell us how you meet the person specification for this role. |
| (750-word limit) |

|  |
| --- |
| Please tell us why you want this role and why you want to work for Level Trust. |
| (500-word limit) |

|  |
| --- |
| Do you have a right to live and work in the UK? |
|  |

|  |  |  |
| --- | --- | --- |
| Please list your employment history. Add/delete rows as necessary. Please | | |
| **Employer & Job Title** | **Main Responsibilities** | **Dates of employment** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| Please explain any gaps in your employment |

|  |  |  |
| --- | --- | --- |
| Please list your education history and qualifications (most recent first). Add/delete rows as necessary. | | |
| **Qualification** | **Accrediting body, university, college, etc.** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| Do you have any learning difficulties or disabilities you would like us to be aware of? |
|  |

|  |
| --- |
| Do you have any physical disabilities you would like us to be aware of? |
|  |

|  |
| --- |
| Do you have any unspent convictions? |
|  |

|  |
| --- |
| Is there anything else we should be aware of when considering your application? |
| (500 word limit) |

|  |  |
| --- | --- |
| Please provide two references that we can contact to ask about your suitability for this role. We would like to hear from references who have witnessed your paid work and/or your work with children or young people. One of your referees must be your most recent employer. | |
| **Referee 1** | |
| Name: | Telephone number: |
| Email address: | Work address: |
| In what capacity do you know this referee? (delete as appropriate)   * They have witnessed my paid work * They have witnessed my work with children or young people | |
| **Referee 2** | |
| Name: | Telephone number: |
| Email address: | Work address: |
| In what capacity do you know this referee? (delete as appropriate)   * Other (please specify) – character reference | |

I confirm that all the information I have given on this form is correct. I understand that providing false or misleading information may lead to the termination of employment.

Signature:

Date: