# **HEBRON HALL CHRISTIAN CENTRE**

Hebron Hall Ltd, Cross Common Road, Dinas Powys, Vale of Glamorgan CF64 4YB

## CONFIDENTIAL APPLICATION FOR EMPLOYMENT

(Please type or write clearly using CAPITALS)

Application for the post of: Registered Manager, Bethel House							
Department: Bethel House		Closing Date:	Closing Date: tba			Ref No: 1908BHRM	
PERSONAL DETAILS	<u> </u>					l	
Surname:	Fore	Forename(s):			Title:		
Address:							
Postcode:							
E-mail:	Date of Birth: N.I. Number:						
Telephone - Work:	Hom	Home: Mobile:					
Do you hold a current full driving licence? YES \(\D\) NO \(\D\)				Do you own a car? YES \( \square\) NO \( \square\)			
Have you any current endorsements? YES		NO ☐ If YE	ES please	give	e details		
EDUCATION HISTORY							
School/College:	Qualification	Qualifications gained (with dates):					
Other Training (Examination Board):		Qualification	Qualifications gained (with dates):				
		1					

# **EMPLOYMENT HISTORY**

1. Name and address of current or most recent employer:	From:	To:			
	Current Salary:				
	Job title:				
Notice required:					
2. Name and address of previous employer:	From:	To:			
	Salary:	,			
	Job title:				
3. Name and address of previous employer:	From:	To:			
	Salary:	,			
	Job title:				
4. Name and address of previous employer:	From:	То:			
	Salary:				
	Job title:				
5. Name and address of previous employer:	From:	То:			
	Salary:				
	Job title:				
COMMUNITY OR OTHER VOLUNTARY EXPERIENCE					
Please give brief details of community or other voluntary work, naming the responsibilities etc:	elevant organisati	on and outlining			
LEISURE					
Please give details of leisure interests, sports, hobbies and other pastimes:					
Are you currently actively involved in a church? YES \(\Pi\) NO \(\Pi\)  If YES, please give details:					

# **REFERENCES**

Please give the name, address, telephone number and email address of three people from whom we can obtain references. The first should be your current/or most recent employer. Do not use personal friends or relatives as referees. The third referee should be a Pastor, Vicar or Elder in your church who is able to give a spiritual reference for you.						
Current Employer - professional reference	Former Employer - professional reference					
1. Name:	2. Name:					
Position:	Position:					
Address:	Address:					
Telephone No:	Telephone No:					
Email:	Email:					
Pastor/Vicar/Elder/Church leader - spiritual reference						
3. Name:	If you are shortlisted, we will contact your referees before the interview.					
Position:	Please indicate if we may contact your current					
Address:	employer: YES NO NO					
Telephone No:						
Email:						
REHABILITATION OF OFFENDERS ACT 19	74					
By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, the provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of certain services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. Your answer to the following question should include any "spent" convictions.						
Have you ever been convicted of a criminal offence YES $\square$	□ NO □ If YES please give details					

# **GENERAL COMMENTS** Please detail below your reasons for this application, achievements to date, your Christian walk and the strengths you would bring to this post (please continue on a separate sheet of paper if required).

## **DECLARATION** (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. 2. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of your intention and obtain your permission prior to contacting your doctor). Signed: Date: When completed, please send the application form to James Richards, Hebron Hall, Dinas Powys CF64 4YB or to general.manager@hebronhall.org Please note that CVs will not be accepted without a completed application form. FOR OFFICE USE ONLY Interview Date and Notes: Offer Letter: Y/N Date: Rejection Letter: Y/N Date: References sought: Acceptance: Y/N Date: Y/N Date:

Date Filed:

Medical:

Y/N Date