



APPLICATION FOR EMPLOYMENT

If you have a visual impairment or you find the application form difficult to fill in, please let us know and we will provide a large print version of the form or assist you in its completion.

You must fill in this form to apply for employment.

Please print this form and complete in black ink.

We actively encourage applications from all sections of the community.

The post you are applying for

Where did you see the post advertised

YOUR CURRENT EMPLOYER

Name

Address & postcode

Type of Business

Responsible to

Job Title

Date you started current job

What is your reason for applying for this post

Date your employment ended (if applicable)

Salary Expectation

How much notice do you need to give

Current Salary

Have you previously applied within the last 12 months for a similar role.
Yes/No

Please give a brief description of your duties.

Name of candidate.....

PREVIOUS EMPLOYERS (start with your most recent)		
Employer	Job Title	Duration of Appointment (e.g. 2 years)

EDUCATION, TRAINING & QUALIFICATIONS	
Please give the name of the school, college and/or university that you have attended	Examination qualifications achieved (e.g. O Levels, A Levels, GCSEs, NVQs, degrees, apprenticeships)

RELEVANT TRAINING COURSES	
Please give the name of the organising body	Please give dates, details of the course any qualification achieved

Name of candidate.....

REHABILITATION OF OFFENDERS

Have you any convictions which are not regarded as "spent" Under the Rehabilitation of Offenders Act of 1974

Yes No

Are you currently the subject of any criminal proceedings or convictions

Yes No

If yes please state

.....

Failure to disclose any convictions which are not "spent" may render you liable for dismissal.

EXPERIENCE

Please give details of experience and any other information to support your application for this particular role, where appropriate (if more space is required, please use an additional piece of paper)

Do you have a driving licence

Yes

No

What type of driving licence do you have
(for example, Provisional, Full, HGV, LGV, etc)

Have you been convicted of any driving offences or are
you waiting to be convicted

Yes

No

Do you have any points on your driving licence
If yes, how many and what category

Yes

No

Name of candidate.....

REFERENCES

Please give the names and addresses of two referees. Include your present or last employer (or head teacher if you have just left school). We cannot accept references from relatives.

WORK

Name

Address

.....

.....

.....

What position do they hold

Telephone No

Email

PERSONAL

Name.....

Address

.....

.....

.....

What position do they hold.....

Telephone No

Email

We will normally approach both your referees if you are subsequently offered a position with the Company

Please give the dates **when you are not** available for an interview

DECLARATION

I declare that the facts given in this application are to the best of my knowledge correct. I understand that any false information may result in disciplinary action being taken against me, which could include my employment being terminated.

Signature

Date

Please return this form to: vacancies@burtonalbionfc.co.uk
Or post marking envelope **Private & Confidential**

Vacancies
Burton Albion Football Club
The Pirelli Stadium
Burton on Trent
Staffordshire
DE13 0AR

ALL INFORMATION GIVEN ON THIS FORM WILL BE TREATED AS STRICTLY CONFIDENTIAL.

We will keep it in our secure data files and will only reveal it for payroll, personnel administration and statistical purposes or where required to do so by law.

Name of candidate.....

PERSONAL DETAILS			
Address & postcode	First Names		
	Surname		
	Home Telephone No.		Mobile No.
	Email Address		

ANY ADDITIONAL INFORMATION TO SUPPORT YOUR APPLICATION

MONITORING INFORMATION

Burton Albion Football Club recognise the benefits of having a diverse workforce and therefore welcome applications from all sections of the community. In addition to this, under the provisions of the Equality Act 2010, Burton Albion Football Club is required to demonstrate that their recruitment processes are fair and that they are not discriminating against or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation. Therefore a series of questions need to be raised in order to ascertain who is applying for each position and to ensure that no one is being unfairly discriminated against or disadvantaged.

This section of the application form will be detached from your application and will not be used as part of the selection process nor will it be seen by anybody who is interviewing you. The information collected is only used for monitoring purposes in an anonymised format to assist the organisation in analysing the profile and make up of individuals who apply, are shortlisted for and appointed to each vacancy. In this way, they can check that they are complying with the Equality Act 2010.

The Equality Act 2010 protects people against discrimination on the grounds of their age and sex.

Please state your date of birth	
Please indicate your gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this

The Equality Act 2010 protects people who are married or in a civil partnership.

Please indicate the option which best describes your marital status	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Civil partnership <input type="checkbox"/> Legally separated	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> I do not wish to disclose this

The Equality Act 2010 protects people against discrimination on the grounds of their race which includes colour, nationality, ethnic or national origin.

Please indicate your ethnic origin		
Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background	Mixed <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background	Other Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not wish to disclose this
Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	

The Equality Act 2010 protects bisexual, gay, heterosexual and lesbian people from discrimination on the grounds of their sexual orientation.

Please indicate the option which best describes your sexual orientation	
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> I do not wish to disclose this

The Equality Act 2010 protects people against discrimination on the grounds of their religion or belief, including a lack of any belief.

Please indicate your religion or belief	
<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Hinduism <input type="checkbox"/> Islam	<input type="checkbox"/> Jainism <input type="checkbox"/> Judaism <input type="checkbox"/> Sikhism <input type="checkbox"/> Other <input type="checkbox"/> I do not wish to disclose this

The Equality Act 2010 protects disabled people - including those with long term health conditions, learning disabilities and so called "hidden" disabilities such as dyslexia. If you tell us that you have a disability we can make reasonable adjustments to ensure that any selection processes - including the interview - are fair and equitable.

Do you consider yourself to have a disability?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose this information
Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.
<input type="checkbox"/> Physical impairment <input type="checkbox"/> Sensory impairment <input type="checkbox"/> Mental health condition <input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Other
If you have a disability, do you wish to be considered under the guaranteed interview scheme if you meet the minimum criteria as specified in the person specification?
<input type="checkbox"/> Yes <input type="checkbox"/> No