



EMPLOYMENT APPLICATION FORM

Position Applied for: Museum Assistant

Personal Details			
Surname:		Title:	
First Name(s):			
Address			
Postcode		Tel. No	
Email			
Are there any restrictions on you taking up employment in the UK?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

(If yes please provide details)

Education History (please continue on a separate sheet if necessary)	
Senior School /Colleges/ Universities Attended:	
Qualifications:	

Employment Details	
Current Employer:	
Address:	
Position Held:	
Summary of Duties:	
Start Date:	Rate of Pay:
Period of Notice Required:	

Please turn over

Employment History (please continue on a separate sheet if necessary)

Previous Employer:	
Address:	
Position Held:	
Period of Employment:	
Duties:	
Reason for Leaving:	

Leisure

Please note here your leisure interests, sports, hobbies, other pastimes etc.: -

Additional Information (please continue on a separate sheet if necessary)

Please give details of relevant knowledge, experience, or qualifications that make you suitable for this vacancy together with any other points you think will be of interest: -

If you are related to a Lord Feoffee or Assistant please state here their name and your relationship: -



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References - please note two persons we may obtain both character and work experience references.	
Name:	Name:
Address:	Address:
Position:	Position:
Tel no:	Tel no:

Criminal Record

Please note any criminal convictions. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau: -

Declaration (Please read this carefully before signing this application)

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.

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 our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau for a basic disclosure. I understand that should I fail to do so or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Applicants Signature:		Date:	
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All information requested must be supplied for your application to be considered.

Send your completed Application Form to:

The Clerk to the Lords Feoffees

Manor House, 64 High Street, Bridlington, YO16 4PZ

Telephone: (01262) 674308 email: office@lordsfeoffees.org.uk