# **Application for Employment**



### **Important Notes:**

Please read the guidance notes before completing this form.

We do **not** accept CVs or faxed applications. We do accept e-mailed applications, but a signed copy is still required and must be received within 3 days of the application closing date. Please e-mail completed applications to <a href="mailto:ceo@kingdomcb.org.uk">ceo@kingdomcb.org.uk</a> Send completed and signed applications (marked as **private and confidential**) to: CEO, Kingdom Community Bank, Main Street, Methilhill, Fife, KY8 2DP.

POST APPLIED FOR:						
SECTION A - PERSONAL DETAILS						
Forename(s) Surname(s)	_					
Address	_					
Postcode	_					
Telephone No. (Home) Mobile	_					
Telephone No. (Work)(if convenien	t)					
E-mail address:	_					
SECTION B - HEALTH INFORMATION						
Applications from disabled candidates are welcomed and we will make every effort to ensure a fair selection process. Please describe below any reasonable adjustments which you feel should be made to the recruitment process to assist your application for the job/attend for interview:						
Please describe below any reasonable adjustments which you feel should be made to the job itself if you are success which would enable you to carry out the job duties:	<sup>i</sup> ul,					
SECTION C - GENERAL INFORMATION						
Are you currently eligible for employment in the UK? Yes $\square$ No $\square$ (You will be required to provide proof of this before commencing employment)						
REHABILITATION OF OFFENDERS ACT 1974 - If you have previously been convicted of any offences, please give deta unless the conviction can be regarded as "spent" in terms of the Rehabilitation of Offenders Act 1974. See the guidar notes for completing this application form for more information. If the position which you have applied for has be assessed as eligible for a Disclosure check, this will also be carried out prior to employment verification.	nce					

### **SECTION D - EDUCATION AND TRAINING**

Qualification / level

Please list examination passes achieved at school or in further education

Qualification / level		Subject	Graue
ease provide details of any higher e	ducation undertake	n	•
sase provide details or any inglier e	addation and creake		
University or college		Degree or qualification obtained	Duration
	•		
ease provide details of any profession	onal qualifications h	eld and not listed above	
Qualification		Relevant body	Duration
ther training relevant to this applic Name of Course	ation	Provided by	Duration
Name of Course		Frovided by	Duration

Subject

Grade

## **SECTION E - EMPLOYMENT RECORD**

Present or Most Recent Employment					
Name and address of employer					
Nature of business					
Post held					
Date appointed			Date left (if applicable)		
Date appointed Date left (if applicable)					
Salary scale £to £Present salary £Notice period (if applicable)					
Reason for leaving/wish to leave					
Disease give a brief autline of your duties a	-d recoon	-:h:l:+i.o.c			
Please give a brief outline of your duties a	na respons	sibilities			
Previous Employment (Please continue or	n additiona	al sheet if n	necessary)		
Name and address of employer	Da	tes	Post title and brief details	Reason for leaving	
and nature of business	From	То	of main duties		

# Please refer to our guidance on completing this form. In this section please tell us how you match the person specification citing relevant and specific examples from your work experience. Supply other relevant details in support of your application and describe the contribution you would make to the organisation. (Please continue on a separate sheet if necessary).

**SECTION F - SUPPORTING STATEMENT** 

If the person specification for the role applied for requires a drivi	ing licence:				
Do you hold a current driving licence? Yes \(\bigcap\) No \(\bigcap\) Do	you have access to a car? Yes  No				
STORAGE OF SENSITIVE INFORMATION					
The personal information given on this form will be treated in confidence and will not be disclosed to any third parties except permitted by law or where consent has been given. The information given is being gathered for internal consideration by Kingdom Community Bank.					
We will store this Application Form in a secure and safe manner. The information gathered on the form will be retained for no longer than is necessary for the purposes of processing the application.					
I authorise the collection of this information by Kingdom Commun will be my responsibility if any information is incomplete or incorred Data Protection Act 1998, the information regarding my personal a written request. I can also request the correction, addition, or e	ect. I am aware that I am able to access, according to the data that is kept by Kingdom Community Bank, by providing				
Signature	Date				
REFERENCES					
Please supply full details of two referees whom we may approach employer and the other a previous employer. If you are self-employer details of two people who have direct knowledge of your skills and	ployed or have not been in employment then please give				
Name N	lame				
Organisation O	Organisation				
OccupationO	Occupation				
Address A	ddress				
Postcode P	ostcode				
Telephone No	elephone No				
Can we contact before interview? Yes $\square$ No $\square$ C	an we contact before interview? Yes D No D				
DECLARATION					
I declare that to the best of my knowledge and belief all particula application form are complete and true and will be treated a understand that any false or misleading statement or any signification. Should I be subsequently employed as a result of submitting this a	as part of any subsequent contract of employment. I cant omission could result in termination of employment				
I understand that any offer of employment will be subject to satisfactory references, satisfactory Disclosure results (if application period. I authorise Kingdom Community Bank to verify information reletter. I understand that third parties may be consulted to information should this be necessary for this post.	able to the post being applied for) and a probationary on contained in this application via telephone, e-mail, fax				
Signature	Date				