



Your Voice Matters

ASB Help PLEDGE and Partnership Manager

APPLICATION FORM

It is essential you fill in the following form truthfully and accurately.

Personal

First Names:

Surname:

Address:

Telephone:

Email:

National Insurance Number:

Education

Name & address of school, college or university	Dates		Subjects studied	Qualifications gained & exam results Please indicate grade pass or failed subjects
	TO	FROM		

Employment history

Please provide full employment/un-employed history.

Employers Name & Address	Dates		Job title	Leaving salary	Reason for leaving
	TO	FROM			

Additional information

When would you be able to start work?

Why have you applied to ASB Help?

What have you least liked about the other jobs you have done?

Do you have any qualities/qualifications which would make you suitable for this position?

What do you think our top priority is, and why?

As a small charity we cannot do everything. How do you think the charity should focus on providing practitioner support?

References

Please provide names and addresses of your last two employers or education referees:

Reference 1

Name: _____

Position: _____

Company/school: _____

Address: _____

Postcode: _____

Phone number: _____

Email: _____

Reference 2

Name: _____

Position: _____

Company/school: _____

Address: _____

Postcode: _____

Phone number: _____

Email: _____

Declaration

Have you ever been cautioned or convicted for a criminal offence or have any pending court appearances?

YES	NO
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If yes, please provide details of offences which are not yet spent under The Rehabilitation of Offenders Act 1979:

I have completed this application for employment and the facts set forth in this application for employment are, to the best of my knowledge, truthful and complete.

Signed: _____ Dated: _____

Please return to admin@asbhelp.co.uk along with your CV.