

9 Woodsley Road

Leeds LS6 1SN

(0113) 246 87 89

Email: contact@leedsgrandmosque.com

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|  Job Application Form Administrator |

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| Personal details |

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| Last Name: |  | **First Name:** |  |

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| Address: |  |
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| Postcode: |  |  **Date of Birth:** |  |

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| --- | --- | --- | --- | --- | --- |
| **Home Telephone No.**  |  | **Mobile No.** |  | **Gender** |  |

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| --- | --- |
| **E-mail address:** |   |

**Are you DBS checked:** Yes No

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| 2. Education/Qualifications |

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| **Qualification** | **Educational Institution****(school, college etc.)** | **Grade** | **Date Obtained** |
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| 1. **Work Experience**
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| Present Post (or most recent)  |  | Employer  | Date of EmploymentSalary £  |
| Post Held |  |
| **Previous teaching appointments listed in sequence and any other relevant work experience**  |
| Name of Employer | FT/PT | Title of Post  | Age Range | From(mm-yy) | To(mm-yy) | Reason for leaving |
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| 1. **Referees**Please provide us with two referees. Once one must be your most recent employer.
 |
| Title: Name: Position: Address: Town:Postcode: Phone: Email: Capacity in which known:  | Title: Name: Position: Address: Town:Postcode: Phone: Email: Capacity in which known: **Your referees will be contacted if you are selected for interview** |

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| 5. Information in support of your application |
| **Skills, abilities and experience**Please use this section to demonstrate why you think you would be suitable for the post by reference to the job description. Please include all relevant information, whether obtained through formal employment or voluntary/leisure activities. |
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| 6. Declaration |

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| Statement to be Signed by the ApplicantPlease complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.**I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn or employment terminated.**  |

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| Signed: |  | **Date:** |  |
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