



# APPLICATION FORM

POSITION APPLIED FOR: \_\_\_\_\_

The following information will be treated in the strictest confidence.

## Personal

(Please complete this section in BLOCK CAPITALS)

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_

Full Driving Licence: **Yes / No** Endorsements: **Yes / No**  
If YES, please give further details including dates:

\_\_\_\_\_

Are you involved in any activity which might limit your availability to work or your working hours?  
**Yes / No** If YES, please give full details:

\_\_\_\_\_

\_\_\_\_\_

Are you subject to any restrictions or covenants which might restrict your working activities?  
**Yes / No** If YES, please give full details:

\_\_\_\_\_

\_\_\_\_\_

Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974?)  
**Yes / No** If YES, please give full details:

\_\_\_\_\_

\_\_\_\_\_

If offered employment, you will be required to complete a Medical Questionnaire.



Are you prepared to undergo a medical examination before starting employment? **Yes / No**

Have you ever worked for the Apostolic Church before? **Yes / No**

If YES, please give full details:

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Have you applied for employment with the Apostolic Church before? **Yes / No**

Do you need a work permit to take up employment in the U.K.? **Yes / No**

How much notice are you required to give to your current employer?

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## Education

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	



Please give details of membership of any technical or professional associations:

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Please list languages spoken and the level of competence:

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## Employment Details

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

### Present or Last Employer

Are you currently employed?

**Yes / No**

Name of present or last employer:

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Address:

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Contact details:

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Nature of business:

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Job title & brief description of duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Length of service: From: \_\_\_\_\_ To: \_\_\_\_\_

Please tell us about your Christian experience/experience in the church(es)/organisation(s) you have been involved in, including names, dates and detail of the areas of your involvement.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give details of previous experience of looking after or working with children or young people. This should include details of any relevant qualifications or appropriate training either in a paid or voluntary capacity.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had an offer to work with children, young people or vulnerable adults declined? (Please tick)

YES

NO

If 'Yes,' please give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Interests, Achievements, and Leisure Activities

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## Supplementary Information

Please set out below any further information to support your application

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## Declaration

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by Brackla Tabernacle as part of Apostolic Church, for the purposes of ongoing personnel administration and payroll administration in compliance with the Data Protection Act 1998. I undertake to notify Brackla Tabernacle immediately of any changes to the above details.

Signed: \_\_\_\_\_

PRINTED: \_\_\_\_\_

Date: \_\_\_\_\_



## References

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? **Yes / No**

Name:	Name:
Position/Relationship:	Position/Relationship:
Address:	Address:
Contact details:	Contact details:

## Source of Application

How did you hear of this vacancy? \_\_\_\_\_

Please return this fully completed form to:

Craig Hopkins | Lead Pastor  
Brackla Tabernacle  
Oak Tree Way  
Brackla  
Bridgend  
CF31 2DN

An additional Disclosure & Barring Service check will be required.

For further information please contact us at: 01656 650500 | [admin@bracklatabernacle.org](mailto:admin@bracklatabernacle.org)