

Application for Employment

Stop Smoking Advisor – Senior Community Officer

Please refer to the Job Description and Person Specification before completing this application. Applicants will be shortlisted based on the information gathered from this form.

Applications should be submitted electronically by email to

andreaparkinson@spireitetrust.org.uk.

Please submit the completed form **no later than 17.00 on Friday 11th October 2024.**

Mark your email **‘Private and Confidential – Stop Smoking Advisor’**

Forenames	
Surname	
Address	
Postcode	
Telephone	
Email	

Do you currently have permission to reside and work in the UK?	Yes / No
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Education and Training

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Employment History

Please give details of your previous employment starting with the most recent.

Name and address of employer	Position held	
	Dates of employment (mm/yyyy)	
	Reason for leaving	
Name and address of employer	Position held	
	Dates of employment (mm/yyyy)	
	Reason for leaving	
Name and address of employer	Position held	
	Dates of employment (mm/yyyy)	
	Reason for leaving	
Name and address of employer	Position held	
	Dates of employment (mm/yyyy)	
	Reason for leaving	

Previous or current voluntary or unpaid work

Please list your experience of voluntary or unpaid work, starting with the most recent first. This may be for an organisation or an individual, providing care for example.

Name of Organisation	Type of Work delivered	Start and End Dates

Information in support of your application

Please use the box below to tell us about any **skills and experience** you have acquired that can support this application whether within the working environment or outside (*you can use additional sheets if needed*).
Please refer to the Job Description and Person Specification so that we are able to make the best judgement as to your eligibility.

1. Please use the box below to tell us why you applied for this job and why you think you are the best person for the job (*you can use additional sheets if needed*).

Have you ever been convicted of a criminal offence? Yes ☐ No ☐

(Declaration subject to the Rehabilitation of Offenders Act 1974)

If you have a disability please tell us about any adjustments we may need to make to assist you at interview.

When could you start work for us?

References

Please give the names of two persons as referees who we can approach. No approach will be made to present or previous employers before an offer of employment is made.

Name	
Address	
Telephone	
Email	
Relationship to you	

Name	
Address	
Telephone	
Email	
Relationship to you	

I can confirm that all the information given on this form is correct and true to my knowledge.

Signature **Date**

Data Protection – This is a confidential document and will only be used for the purposes for which it was intended.