

# Alton Maltings Centre

Maltings Close, Alton, Hampshire, GU34 1DT

**APPLICATION FOR POSITION AS: Casual/Temporary Staff**

## 1. PERSONAL DETAILS

Surname:  First Names:

Address:

Daytime Tel No.:

Evening Tel No.:

Email:

If you put an email address here, we will use this to acknowledge receipt of your application.

## 2. EDUCATION (Secondary, Further/Higher)

Establishment (name and town)	From	To	Qualifications/Grade

## 3. JOB RELATED TRAINING (Include membership of professional institutes, vocational and non-vocational courses)

Institute/Courses Studied	From	To	Standard or Level Achieved

## 4. EMPLOYMENT HISTORY or WORK EXPERIENCE

Please list any work you have done, both paid and voluntary, with approximate dates.

Employer's Name and Type of business	Post Held or Work Done	Date			
		From		To	
		Month	Year	Month	Year

**5. EXPERIENCE AND PERSONAL SKILLS**

Please give details of all your skills that you think are relevant

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**6. ADDITIONAL INTERESTS (Such as membership of any club, leisure activities and hobbies)**

**7. AREAS YOU WOULD LIKE TO WORK IN**

Please tick one or more of the following areas that you would like to work in:

- The Maltings Bookshop
- Café Rafter's
- Reception
- Caretaking
- Administration

**8. DATES/DAYS YOU ARE AVAILABLE TO WORK**

Please list the dates or days that you are available to work (eg every Thursday during term time):

**9. REFERENCES**

Please give details below of two people who can provide information that will confirm your suitability for this post. Where appropriate one person should be your current or most recent employer; the other should be someone who has known you in a professional capacity. References may be taken up before interview; please indicate whether this is acceptable by ticking the relevant box.

Name:  Position:

Address:  Post Code:

Daytime Tel No.:  Yes  No

Name:  Position:

Address:  Post Code:

Daytime Tel No.:  Yes  No

**10. REHABILITATION OF OFFENDERS ACT 1974 (EXEMPTIONS) ORDER 1975**

Because the employment for which you are applying, with the privileged access it gives to children, is exempt under the terms of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975, it will be necessary, in the event of your being appointed, for the Authority to check with the Police as to whether you have a criminal record. Your signature at the end of this form will be regarded as signifying your agreement that this may be done. To assist in this process, please provide the following information:

Have you been convicted of any criminal offences? Yes  No

If yes, please give details of the conviction(s) and the date(s) on a separate sheet and attach it with this form.

**11. FURTHER INFORMATION AND DECLARATION**

Do you hold a full UK Driving licence? Yes  No   
Have you been CRB checked? Yes  No   
Do you require a work permit? Yes  No

Date of Birth:  National Insurance Number:

Where did you see the advertisement?

*I certify that the information given on this form is correct to the best of my knowledge. If I am appointed, I understand information from this form may be computerised for personnel/employee administration purposes in accordance with the Data Protection Act 1984.*

Signed:  Date:

Please return this form by post to the address on the first page.