



APPLICATION FORM FOR EMPLOYMENT WITHIN THE STATES OF ALDERNEY

APPLICATION for appointment as	Application No: (office use only)

Do you wish this application to be acknowledged?	Yes / No
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PERSONAL DETAILS

Forenames:	Surname:

Home Address and Telephone Number:

Work / Mobile Telephone Number :	May we contact you at work?
	Yes / No

Email Address:	May we contact you by email?
	Yes / No

HEALTH RECORD

Are you in good health?	Yes/No
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Have you had any serious illness requiring medical consultation or admission in the last two years?	Yes/No
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Have you any health problems which may interfere with work?	Yes/No
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How many days have you been absent from work through sickness in the last 12 months?	<input type="text"/> days
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How many spells of sickness absence have you had in the last 12 months?	<input type="text"/> spells
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JOB TITLE:

Application No: (office use only)

EMPLOYMENT RECORD**Details of your present or recent employer**

(INTERNAL STAFF ONLY)

Are you a member of the established staff

YES / NO

Please note that internal references will be taken up from your existing line manager

Employer's name and address:

Post held:

Start Date:

Leave Date (if applicable):

Reason for Leaving:

Nature of Business:

Salary:

Period of notice

Summary of job responsibilities

a. Purpose of your job

b. Describe your main achievements in this role

Details of other employment (most recent first)**3.**

Please continue on an additional sheet if necessary

Position held	Employer	Dates		Reason for leaving
		From	To	

Experience gained in role:

Position held	Employer	Dates		Reason for leaving
		From	To	

Experience gained in role:

Position held	Employer	Dates		Reason for leaving
		From	To	

Experience gained in this role

RELEVANT SKILLS AND EXPERIENCE

Please explain why you think you are a suitable candidate for this post and how you satisfy the criteria on the specification, drawing on your personal and work experiences, education, training and personal interests.

Please do not attach a CV as you should address the criteria on the specification (job description).

For Official Use Only

Application No:	SHORTLISTED	YES / NO	APPOINTED YES / NO
	DATE OF INTERVIEW		
	TIME OF INTERVIEW		

MISCELLANEOUS

Do you hold a full driving licence?

Yes / No

Do you have any current driving endorsements?

Yes* / No

*If yes, please give details

Please list any dates you are unavailable to attend interview: e.g. due to holidays

REFERENCES

Please provide contact details of two referees. One should be your present or your most recent employer.

May we approach your present employer at this stage?

Yes / No

Name:

Name:

Position:

Position:

Address:

Address:

Telephone:

Telephone:

Email address:

Email address:

DECLARATION

I confirm that I have personally completed this application form and that the information given is correct.

Signed:

Date:

Please return your application form to:

**Mrs S Pengilley-Price, Executive Assistant, States of Alderney, PO Box 1001, ALDERNEY GY9 3AA or
by email to sue.price@gov.gg**