



# Application for the post of Shop Manager

Closing date: **Friday 22nd June 2018**

Please fill in all sections.

Email completed form to Pearl Mills at [galleriesshopcafe@gmail.com](mailto:galleriesshopcafe@gmail.com)

## PERSONAL DETAILS

(In block capitals or typescript please)

<b>Surname</b>		<b>Other names</b>	
<b>Address</b>			
		<b>Post code:</b>	
<b>Daytime telephone</b>		<b>Evening telephone</b>	
<b>Email address</b>			
<b>Do you have a current UK driving licence?</b>			

## EDUCATION/QUALIFICATIONS AND TRAINING

Please include all relevant qualifications obtained and other training courses attended

<b>Establishment</b>	<b>Dates(s) Obtained/Attended</b>	<b>Qualification(s)/Training</b>

## PRESENT OR MOST RECENT OCCUPATION

Organisation, type and location	Job Title	From	To	Salary
<b>Brief description of your role</b>				

## PREVIOUS OCCUPATIONS (Please enter most recent first)

Organisation, type and location	Job Title Clarify if necessary	From	To	Reason for leaving

Please continue on a separate sheet if necessary.

## REHABILITATION OF OFFENDERS ACT 1974

Have you ever been convicted of a criminal offence or received a caution which would appear on a CRB check (other than 'spent' convictions under the 1974 Act)?

\_\_\_\_\_ If YES, please give details: \_\_\_\_\_

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Do you agree to a CRB Check? \_\_\_\_\_ Have you been CRB checked previously,

if so when was the last clearance date? \_\_\_\_\_

## EXPERIENCE AND SKILLS

Before completing this Section, please read the related Job Description carefully. Use each requirement listed in the specification as a heading and demonstrate how you meet the requirement by giving relevant details of your experience, skills and knowledge gained in employment, voluntary work or life experiences. Use an extra sheet if necessary.

## REASON FOR APPLICATION

Please state why you would like to be considered for this post

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## REFERENCES

(in block capitals or typescript please)

Please give the names of TWO Referees who are able to comment on your work ability. ONE Referee at least should be your PRESENT or most RECENT employer, if your circumstances permit.

<b>Name:</b>	<b>Name:</b>
Address:	Address:
Telephone number:	Telephone number:
Email:	Email:
Position:	Position:

Your Referees will be contacted only if you are shortlisted for interview. Please enclose a separate note when returning this form if such an arrangement is unacceptable to you.

## GENERAL

How many days were you off work due to illness over the past 12 months?	
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Do you have any special requirements for interview?	
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If appointed when would you be available to take up the position?	
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Where did you see the advertisement for this post?	
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I wish to apply for the post of Galleries Shop Manager. I confirm that to the best of my knowledge the information give above is correct and true and can be treated as part of any subsequent Contract of Employment.

<b>Signed</b>	<b>Date</b>
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