



Swindon Town FC
Community Foundation

Swindon Town FC **Community Foundation**
Football in the Community

Foundation Park, County Ground Lane, Swindon, Wiltshire SN1 2FD
Tel: 01793 421303 | **Mob:** 07966 305320 / 07919 112982

www.stfcfoundation.com

APPLICATION FOR EMPLOYMENT

If you have a visual impairment or you find the application form difficult to fill in, please let us know and we will provide a large print version of the form or assist you in its completion. You must fill in this form to apply for employment. We do not accept CVs.

We will reject anyone who tries to influence another employee to give them employment.

We will hold your application form for a period of 6 months, at which time your application/details will then be destroyed in accordance with GDPR regulations.

Please print this form and complete in black ink and email or post it back to us. CVs will not be accepted.

PERSONAL DETAILS

Address:	First Name(s):	
	Surname:	
	Home Telephone Number:	Mobile Number:
	Email Address:	
Postcode:	National Insurance Number:	

We actively encourage applications from all sections of the community

The post you are applying for:

Where did you see the post advertised?:



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YOUR CURRENT EMPLOYER

Name:

Address & Postcode:

Type of Business:

Responsible to:

Job Title:

Date you started current job:

Date your employment ended (if applicable):

How much notice do you need to give?:

Current Salary:

What is your reason for leaving this post?

Salary Expectation?

Have you previously applied within the last 12 months
for a similar role? Yes / No

Please give a brief description of your duties.



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PREVIOUS EMPLOYERS (start with your most recent)			
Employer	Job Title	Dates employed from and to	Reason for leaving

Please explain any gaps in employment below:



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EDUCATION, TRAINING & QUALIFICATIONS

Please give the name of the school, college and/or university that you have attended and dates when you attended

Examination qualifications achieved
(eg. O Levels, A Levels, GCSEs, NVQs, degrees, apprenticeships)

RELEVANT TRAINING COURSES

Please give the name of the organising body

Please give dates, details of the course and any qualification achieved

EXPERIENCE

Please give details of experience and any other information to support your application for this particular role, where appropriate (if more space is required, please use an additional piece of paper).



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Do you have a driving licence?		
What type of driving licence do you have (for example, HGV, LGV, and so on)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What type of driving licence do you have? (for example, HGV, LGV, etc.)		
Have you been convicted of any driving offences or are you waiting to be convicted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any points on your licence? If yes, how many?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

REHABILITATION OF OFFENDERS

Have you any convictions which are not regarded as 'spent' under the Rehabilitation of Offenders Act of 1974?

Yes ☐ No ☐

Are you currently the subject of any criminal proceedings or convictions?

Yes ☐ No ☐

If yes, please state:

Failure to disclose any convictions which are not 'spent' may render you liable for dismissal



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REFERENCES

Please give the names and addresses of two referees. Include your present or last employer. We cannot accept references from relatives.
We will normally approach both your referees if you are subsequently offered a position with the company.

Name:

Company:

Position held:

Address:

Telephone number:

Email:

Name:

Company:

Position held:

Address:

Telephone number:

Email:

Please give any dates **when you are not** available for an interview:

DECLARATION

I declare that the facts given in this application are to the best of my knowledge correct. I understand that providing false information is an offence and could result in the application being rejected and possible referral to the police.

Signature

Date

Please return this form by email to shane@stfcfoundation.com or by post to:

Private & Confidential

Shane Hewlett
STFC Foundation Park
County Ground
Swindon
Wiltshire
SN12FD



Main Sponsor



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ALL INFORMATION GIVEN ON THIS FORM WILL BE TREATED AS STRICTLY CONFIDENTIAL

We will keep it in our secure data files and will only reveal it for payroll, personnel administration and statistical purposes or where required to do so by law.

MONITORING INFORMATION

Swindon Town FC Community Foundation recognise the benefits of having a diverse workforce and therefore welcome applications from all sections of the community. In addition to this, under the provisions of the Equality Act 2010, Swindon Town FC Community Foundation is required to demonstrate that their recruitment processes are fair and that they are not discriminating against or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation. Therefore, a series of questions need to be raised in order to ascertain who is applying for each position and to ensure that no one is being unfairly discriminated against or disadvantaged.

This section of the application form will be detached from your application and will not be used as part of the selection process nor will it be seen by anybody who is interviewing you. The information collected is only used for monitoring purposes in an anonymised format to assist the organisation in analysing the profile and make up of individuals who apply, are shortlisted for and appointed to each vacancy. In this way, they can check that they are complying with the Equality Act 2010.

The Equality Act 2010 protects people against discrimination on the grounds of their age and sex.

Please state your date of birth	
Please indicate your gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this



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The Equality Act 2010 protects people who are married or in a civil partnership.

Please indicate the option which best describes your marital status

- | | |
|--|---|
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Single | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Civil Partnership | <input type="checkbox"/> I do not wish to disclose this |
| <input type="checkbox"/> Legally separated | |

The Equality Act 2010 protects people against discrimination on the grounds of their race which includes colour, nationality, ethnic or national origin.

Please indicate your ethnic origin

Asian or Asian British

- ☐ Bangladeshi
- ☐ Indian
- ☐ Pakistani
- ☐ Any other Asian background

Black or Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other Black background

Mixed

- ☐ White & Asian
- ☐ White & Black African
- ☐ White & Black Caribbean
- ☐ Any other mixed background

White

- ☐ British
- ☐ Irish
- ☐ Any other White background

Other Ethnic Group

- ☐ Chinese
- ☐ Any other ethnic group
- ☐ I do not wish to disclose this



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The Equality Act 2010 protects bisexual, gay, heterosexual and lesbian people from discrimination on the grounds of their sexual orientation.

Please indicate the option which best describes your sexual orientation

☐ Lesbian

☐ Gay

☐ Bisexual

☐ Heterosexual

☐ Transsexual

☐ I do not wish to disclose this

The Equality Act 2010 protects people against discrimination on the grounds of their religion or belief, including a lack of any belief.

Please indicate your religion or belief

☐ Atheism

☐ Buddhism

☐ Christianity

☐ Hinduism

☐ Islam

☐ Jainism

☐ Judaism

☐ Sikhism

☐ Other

☐ I do not wish to disclose this



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The Equality Act 2010 protects disabled people – including those with long term health conditions, learning disabilities and so called "hidden" disabilities

Do you consider yourself to have a disability?

- ☐ Yes
- ☐ No
- ☐ I do not wish to disclose this information

Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.

- ☐ Physical impairment ☐ Learning Disability/Difficulty
- ☐ Sensory impairment ☐ Long-standing illness
- ☐ Mental health condition ☐ Other

If you have a disability, do you wish to be considered under the guaranteed interview scheme if you meet the minimum criteria as specified in the person specification?

☐ Yes ☐ No

If you tell us that you have a disability we can make reasonable adjustments to ensure that any selection processes – including the interview – are fair and equitable.



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ADDITIONAL INFORMATION

Please feel free to use this sheet to include any additional information that you believe may support your application. :



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