**CONFIDENTIAL**

Application for employment

Please complete **in full** – incomplete applications and CVs will not be accepted.

Type or use black ink to aid copying. Upon completion, please save a PDF version of this application form and send to [applications@postalmuseum.org](mailto:applications@postalmuseum.org)

| Position applied for: | | |
| --- | --- | --- |
| Your Title: | Surname: | First Name(s): |

| PERSONAL DETAILS | | |
| --- | --- | --- |
| Address |  | Postcode: |
| Phone: |  | |
| Mobile: |  | |
| E-mail: |  | |

| PLEASE INDICATE HOW YOU FOUND OUT ABOUT THIS VACANCY  e.g. Online, print or word of mouth – please note the name of the publication or website.  (If our own website, indicate how you learned of it) |
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| INFORMATION IN SUPPORT OF YOUR APPLICATION  Please use this space to provide evidence to show how you meet the role requirements / job criteria as shown in the Person Specification and tell us why you are interested in this role. This can include professional activity (paid or voluntary), examples of achievements, evidence of updating knowledge and skills. List any relevant publications and articles. This section MUST be completed in order for us to consider your application. Feel free to attach separate pages or expand the section. |
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| 1. Please outline your previous experience of working in a customer-facing environment at management level. (Max. 250 words) 2. Describe to us your experience recruiting, training and performance managing staff and what you think are the essential skills for good leadership. (Max. 250 words) 3. Commercial awareness is an important element of the role – please give an example of when you have successfully set or pushed a team to achieve income targets. (Max. 250 words) |

Employment history

| Current / Most recent Employer (including volunteer experience) | | |
| --- | --- | --- |
| Current job title: | | |
| Employer name: | | |
| Employer address: | | |
| Start date: | | Leaving date (if applicable): |
| Full time or Part time: | | Notice period: |
| Current / last salary:  (Indicate Basic salary, Overtime and Bonus Payments Separately) |  | |
| Reason for leaving this employment: |  | |
| Please summarise your current duties / responsibilities  (Please expand as necessary). |  | |

| REFERENCES  Please give the names, email and addresses of two persons as referees. One must be a recent employer. No approach will be made to your present or previous employers before an offer of employment is made. | |
| --- | --- |
| Reference 1 | Reference 2 |
| Name:  Position:  Address:  Contact No.  Email: | Name:  Position:  Address:  Contact No.  Email: |

| Previous Employers (covering maximum of 10 YEARS) Most recent first. Please fill in any gaps in record and include relevant unpaid work. (Please expand as necessary.) | | |
| --- | --- | --- |
| Employer name & address, position held, full or part time | Dates of employment  *(from mm/yyyy to mm/yyyy)* | Summary of duties and reason for leaving |
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| EDUCATION and TRAINING HISTORY: Evidence of qualifications obtained may be required. | | |
| --- | --- | --- |
| University, College, School name and location | Subjects studied | Qualification(s) gained, and dates obtained (if currently undertaking any studies, please indicate the date the result is likely to be known) |
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| MEMBERSHIP OF PROFESSIONAL BODIES  Please list the names of any professional bodies that you are a member of. |
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| INTERVIEW AVAILABILITY  Please state your availability for interviews. For interview date, please see Job Description/job advert. |
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Supplementary information

| Equality Act 2010 | |
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| The Postal Museum wishes to ensure that disabled people are not discriminated against either directly or indirectly. If you are selected for interview and consider yourself disabled, we may contact you to find out if there are any particular arrangements you may require for the interview or future employment. |  |
| Are there any adjustments which you consider need to be made for the purpose of:   1. The interview? 2. The job, if appointed? | |
| Please note: If successful you may be asked to complete a more comprehensive and confidential medical form which will be reviewed by the Occupational Health company and reported to the Postal Museum manager responsible. | |

| The Rehabilitation of Offenders Act 1974 | |
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| Do you have an unspent criminal record under the Rehabilitation of Offenders Act 1974? (Please circle) | Yes / No |
| If “Yes”, what was:   1. The nature of the offence? 2. The date of the offence? | |
| * All Postal Museum staff will be DBS checked. This is a requirement for employment to be confirmed. * The Postal Museum complies fully with the DBS Code of Practice and Disclosure. * All applicants checked are treated in the same manner and in accordance with the DBS’s Code of Practice.   Criminal record will not necessarily prevent you from obtaining the position within our organisation. | |

| The Immigration and Asylum Act 1996 | |
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| Do you require a work permit to be employed in the UK? | Yes / No |
| If Yes, do you currently hold a UK work permit? | Yes / No |
| If Yes, please state restrictions and the expiry date of any permissions: | |
| Please note: all candidates who are invited for interview will be asked for their Right to Work documentation (e.g. passport showing EEA citizenship or entitlement to work in the UK) | |

| Data Protection |
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| Information from this application may be processed for purposes permitted under the General Data Protection Regulation. Individuals have, on written request, the right of access to personal data held about them.  The organisation treats personal data collected during the recruitment process accordance with the principles of the Data Protection Act 2018.  Declaration  I consent to the information I provide being kept on file and processed for recruitment purposes in accordance with the principles of the Data Protection Act 2018. I declare that the information given in this document is correct to the best of my knowledge and belief. I understand that any wilful misstatements render me liable to disqualification or to dismissal, if engaged.  Signature: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Date: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |
| *If sent by email we will accept your email account name as a substitute signature; you will be asked to sign a hard copy in the event that you are appointed.* |