

# Lincoln Cathedral Job Application Form

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TITLE OF POST APPLIED FOR

## CONFIDENTIAL

### 1. Personal details (BLOCK CAPITALS PLEASE)

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SURNAME

INITIALS

TITLE (OPTIONAL)

FORMER SURNAMES IF DIFFERENT

FIRST NAME(S)

ADDRESS

TEL NO (HOME)

TEL NO (BUSINESS)

TEL NO (MOBILE)

FAX NO

EMAIL ADDRESS

NATIONAL INSURANCE NO

NATIONALITY

If you are not a British passport holder or a European Citizen, or you do not have the permanent right to remain in the UK, you will require a work permit.

DO YOU NEED A WORK PERMIT  
TO BE EMPLOYED IN THE UK?

YES      NO

IF YOU ALREADY HAVE A WORK  
PERMIT, WHEN DOES IT EXPIRE?

/      /

WHERE DID YOU HEAR ABOUT THE POST?

## 2. Education and professional qualifications

(Original documents as proof of qualification will be required before employment is confirmed)

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SECONDARY SCHOOL / COLLEGE / UNIVERSITY	DATES FROM	TO	EXAMINATIONS TAKEN	DATE	RESULT
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PROFESSIONAL QUALIFICATIONS CURRENTLY HELD: HOW OBTAINED, GRADE AND DATE

OTHER RELEVANT EDUCATIONAL OR TRAINING COURSES, WITH DATES

### 3. Present post

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TITLE OF POST

SALARY/GRADE

NAME OF EMPLOYER

BUSINESS OF EMPLOYER

ADDRESS

DATE COMMENCED

/ /

DATE ENDED (IF APPLICABLE)

/ /

PLEASE OUTLINE YOUR RESPONSIBILITIES, TO WHOM YOU ARE RESPONSIBLE AND STAFF RESPONSIBLE TO YOU (IF APPLICABLE)

REASON FOR LEAVING OR WISHING TO LEAVE

PERIOD OF NOTICE REQUIRED TO TERMINATE PRESENT EMPLOYMENT

PLEASE NOTIFY US OF ANY DATES YOU ARE NOT AVAILABLE FOR INTERVIEW

## 4. Previous employment

(Please use continuation sheet if necessary)

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NAME AND ADDRESS OF EMPLOYER(S)	POSITION HELD	DATES TO AND FROM	REASON FOR LEAVING
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LINCOLN  
CATHEDRAL

**5. Relevant skills, abilities, knowledge, experience and your reasons for applying for this post**

(Please use continuation sheet if necessary)

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## 6. Other information

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WHAT ACTIVITIES OUTSIDE WORK INTEREST YOU? (STATE ANY POSITIONS HELD YOU CONSIDER RELEVANT)

### Disabilities

IF SELECTED FOR INTERVIEW, DO YOU REQUIRE ANY SPECIAL ARRANGEMENTS TO BE MADE ON ACCOUNT OF A DISABILITY?

YES                  NO

IF "YES", PLEASE GIVE BRIEF DETAILS OF THE EFFECTS OF YOUR DISABILITY ON YOUR DAY-TO-DAY ACTIVITIES, AND ANY OTHER INFORMATION THAT YOU FEEL WOULD HELP US TO ACCOMMODATE YOUR NEEDS DURING YOUR INTERVIEW AND FULFIL OUR OBLIGATIONS UNDER THE EQUALITY ACT 2010

### Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975

HAVE YOU ANY CONVICTIONS THAT ARE NOT SPENT UNDER REHABILITATION OF OFFENDERS ACT?

YES                  NO

IF "YES", PLEASE PROVIDE FURTHER DETAILS

## 7. References

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### Referee 1

TITLE (MR, MRS ETC.)

ADDRESS

FULL NAME

JOB TITLE

ORGANISATION

TEL NO

FAX NO

EMAIL ADDRESS

PLEASE STATE IF WE MAY OBTAIN THIS  
REFERENCE PRIOR TO INTERVIEW

YES      NO

### Referee 2

TITLE (MR, MRS ETC.)

ADDRESS

FULL NAME

JOB TITLE

ORGANISATION

TEL NO

FAX NO

EMAIL ADDRESS

PLEASE STATE IF WE MAY OBTAIN THIS  
REFERENCE PRIOR TO INTERVIEW

YES      NO

## 8. Declaration

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I DECLARE THAT THE INFORMATION GIVEN IN THIS APPLICATION FORM IS TRUE AND COMPLETE. I UNDERSTAND THAT IF I HAVE GIVEN ANY MISLEADING INFORMATION ON THIS FORM OR MADE ANY OMISSIONS, THIS WILL BE SUFFICIENT GROUNDS FOR TERMINATING MY EMPLOYMENT.

SIGNATURE

DATE

/ /

NAME

Once we receive your data, we will only use it for the purposes for which you have consented. Please visit the Cathedral website to view our full Privacy Policy.