

Lucan Presbyterian Church Application For Employment

PRIVATE & CONFIDENTIAL

Return this form to: Church Administrator
Lucan Presbyterian Church Office
2 Hanbury Lane
Lucan, Co. Dublin

Or by emailing: lucanpresbyterian@gmail.com

Completed Application forms must be received 12pm on Friday 28 July 2023. Late applications may not be accepted.

POSITION APPLIED FOR - **Youth Worker**

Title:	Education: Qualifications gained
Surname:	
Forename(s):	
Address: Postcode: E-mail address:	
Tel. Nos (please include code): (Home) (Work) (Mobile)	College/university: Qualifications gained

Are there any restrictions to you taking up work in the ROI? Yes/No (If yes please provide details)	Other training
--	----------------

CURRENT MEMBERSHIP OF PROFESSIONAL BODIES

Please note any professional bodies you are a member of or registered with.

OTHER EMPLOYMENT

Please note any other employment you would continue with if you were to be successful in obtaining this position.

EMPLOYMENT HISTORY (Please complete in full using a separate sheet if necessary, starting with your most recent employment and give reasons for any gaps in employment)

From - To	Name & Address of employer	Job Title & Duties	Reason for leaving

REFERENCES

Please provide details of two referees (not relatives of the applicant) from whom we may obtain both character and work experience references.

1.	Name:	2.	Name:
	Position:		Position:
	Organisation:		Organisation:
	Address:		Address:
	Postcode:		Postcode:
	Tel No.		Tel No.

GENERAL INFORMATION

Please detail, using the sections below, how your qualifications & experience, church involvement, skills & aptitudes and special circumstances meet the requirements of this role (as detailed in the job description and personnel specification). CVs should NOT be submitted.

Qualifications & Experience

Church Involvement

Skills & Aptitudes

CRIMINAL RECORDS

Please note any criminal convictions except those 'spent' under the Criminal Justice Act 2011. If none, please state.

DECLARATION (Please read carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor).

Signed:

Date: