

ABOUT YOU CONTINUED

What is the most difficult challenge you have faced at work and how did you overcome it to bring about a successful outcome:

Tell us about a time when you have had to persuade someone to adopt a new approach to their work:

Tell us about a time when you have used your expertise to improve business performance:

I declare that the above information is true and correct and understand that any wilful misrepresentation or omission may result in dismissal if appointed.

Signature

Date

Care to join us?

www.extracare.org.uk

Charity Shop Application Form **IN CONFIDENCE**

Title: Mr/Mrs/Miss/Ms (Other _____)	Permanent Address: _____
Forename(s) _____	_____
Surname: _____	_____
Previous Surnames Used: _____	_____
Position Applying for: _____	_____
Shop: _____	_____
Are you eligible to work in the U.K.? Yes <input type="checkbox"/> No <input type="checkbox"/>	Postcode: _____
Do you require a work permit? Yes <input type="checkbox"/> No <input type="checkbox"/>	Telephone No: _____
Do you have a full driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/>	Mobile No: _____
Do you have use of a car? Yes <input type="checkbox"/> No <input type="checkbox"/>	E-mail Address: _____
	National Insurance Number: _____

EDUCATIONAL/TRAINING & PROFESSIONAL OR ACADEMIC QUALIFICATIONS (HELD OR BEING STUDIED FOR).
Please note you will be required to bring original documents as proof of qualifications if selected for interview.

School/College/University	Exam Taken	Qualifications/Level	Result

Return to: Shops
ExtraCare Charitable Trust,
7 Harry Weston Road,
Binley Business Park,
Coventry,
CV3 2SN

For more information about ExtraCare please take a look at our website www.extracare.org.uk



Registered charity No.327816

PRESENT OR MOST RECENT EMPLOYMENT. A REFERENCE WILL BE REQUIRED FROM THIS EMPLOYER.

Employer's Name and Address: _____ _____ _____	Current Position: _____ Date appointed: _____ Date left: _____ Present salary/wage: _____ Current weekly hours worked: _____ Reason for leaving: _____ Period of notice: _____ How do you travel to work? _____
Postcode: _____ Telephone No: _____ Employer's business: _____ Line Manager's name: _____	

PREVIOUS EMPLOYMENT OVER AT LEAST THE PAST TEN YEARS (MOST RECENT FIRST) PLEASE INCLUDE PAID, UNPAID & VOLUNTARY WORK. REFERENCES MAY BE REQUESTED FROM ALL EMPLOYERS IN THE LAST 5 YEARS (attach separate sheet if required)

Employers Name & Address	Job Title	From	To	Reason for Leaving

Summary of Present Duties and Responsibilities:
Please also give any additional information in support of your application:

REFERENCES

Please give below the names and addresses of two referees, **one of whom must be your present or most recent employer.** ExtraCare have my permission to approach all previous employers in order to consider my application for employment. This may include contacting the relevant HR Department. ***Please DO NOT name friends or relatives.***

Name: _____ Job Title: _____ Business Address: _____ _____ _____ Postcode: _____ Telephone No: _____	Name: _____ Job Title: _____ Business Address: _____ _____ _____ Postcode: _____ Telephone No: _____
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ABOUT YOU

Tell us about a time when you have had several demands placed on you and how you prioritised the tasks:

Tell us about a time when working as part of a team achieved a successful outcome:

Tell us how you make sure all members of your team are clear about the role they have to play:
