



The Parish of Boxmoor

St John's Boxmoor
 St Stephen's Chaulden & St Francis' Hammerfield
 Diocese of St Albans

APPLICATION FORM

PRIVATE AND CONFIDENTIAL

Please type or write clearly in black ink

POST APPLIED FOR: ORGANIST AND DIRECTOR OF MUSIC		
PERSONAL DETAILS		
Title:	Surname:	
Forename:	Middle names:	
Contact address:	Tel no. (home):	
	Tel no. (mobile):	
Postcode:	Email:	
Are you eligible to work in the UK?		YES / NO
If YES, please give details		
<i>Please note that you will be required to produce evidence of your eligibility if selected for interview</i>		
If you have a disability and require assistance if selected for interview, please give details.		
How did you hear about this vacancy?		
EDUCATION AND QUALIFICATIONS		
University / College attended	Dates	Courses / results
Schools attended from age 11	Dates	Examinations / results

Please give a complete list of your organ study to date.

Please list all musical diplomas, with dates, giving classifications where appropriate.

EMPLOYMENT HISTORY / PROFESSIONAL EXPERIENCE

Please give full details of your employment history, starting with your current / most recent position and working back in order. In each case please give the dates of your employment, brief details of your principal duties and responsibilities, reason for leaving, and final salary. Please continue on a separate sheet if necessary (ensuring that the sheet is clearly marked with your name).

REASONS FOR THIS APPLICATION

Please outline your reasons for applying for this post.

OTHER INFORMATION

Please give details of any other qualifications, skills or experience you feel are relevant to your application.

AVAILABILITY

When will you be available to take up the post, if appointed?

CRIMINAL CONVICTIONS

Do you have any criminal convictions?

YES / NO

Before appointment you will be required to disclose any conviction, caution or binding

Referee 1

Name:

Position:

Address:

Tel:

Mobile:

Fax:

Email:

In what capacity do you know this referee?

Referee 2	
Name:	
Position:	
Address:	
Tel:	
Mobile:	
Fax:	
E-mail:	
In what capacity do you know this referee?	
Referee 3 (if applicable)	
Name:	
Position:	
Address:	
Tel:	
Mobile:	
Fax:	
Email:	
In what capacity do you know this referee?	

DECLARATION

I confirm that the information given on this form is, to the best of my knowledge, true and complete. I understand that any false statement, or withholding of relevant information, may result in the withdrawal of a job offer or termination of employment.

Signature:
(print name if sending by email)

Date:

In accordance with the Data Protection Act 1998, this form will be used in the recruitment process and may be disclosed to all those who need to see it. It will also form the basis of your confidential Personnel record if you are selected. If you are unsuccessful this form will be destroyed after six months. Your signature on this form indicates your agreement to your data being processed in accordance with the Act.

APPLICATION PROCEDURE

Please send your completed Application Form to either vicar@stjohnsboxmoor.org.uk or The Reverend Michael Macey, Boxmoor Vicarage, 10 Charles Street, Hemel Hempstead, HP1 1JH.