

St Francis Animal Welfare

JOB APPLICATION FORM

***PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS, USING BLACK INK –
use a separate sheet of paper if necessary, and attach it to this form.***

NAME:

ADDRESS:

.....

.....POST CODE:

TELEPHONE No:

EMAIL ADDRESS:

DATE OF BIRTH:

DO YOU HOLD A FULL UK DRIVING LICENCE? YES / NO

IF YES, PLEASE STATE DATE SINCE HELD

DO YOU HAVE ANY ENDORSEMENTS ON YOUR LICENCE? YES / NO

IF YES, PLEASE GIVE EXPIRY DATE:.....

EDUCATION:

QUALIFICATIONS:

EMPLOYMENT HISTORY:

Dates	Company	Duties

HAVE YOU EVER HAD ANY INVOLVEMENT WITH THE RSPCA, ANY OTHER ANIMAL

WELFARE ORGANISATION OR AUTHORITY REGARDING ISSUES CONNECTED TO

YOUR OWNERSHIP OR CARE OF ANIMALS? YES / NO

IF YES, PLEASE GIVE DETAILS

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PLEASE GIVE DETAILS OF TWO REFEREES (ONE OF WHICH MUST BE FROM YOUR

CURRENT EMPLOYMENT OR LAST SCHOOL/COLLEGE)

(1) NAME:

.....

POSITION:

.....

ADDRESS:

,.....

.....

.....

TEL No.

.....

(2) NAME:

.....

POSITION:

.....

ADDRESS:

,.....

.....

.....

TEL No.

.....

I CONFIRM THAT ALL THE INFORMATION GIVEN IN THIS FORM IS TRUE, TO
THE

BEST OF MY KNOWLEDGE

SIGNED:

DATED: