Essex County Football Association
Job Application Pack

|  |  |
| --- | --- |
| **Position Applied for:** |  |
| **Job Reference:** |  |

**THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE**

Section 1: Personal Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surname** |  |  | **Forename** |  |
| **Address** |  |  | **Home No** |  |
|  |  | **Mobile No** |  |
| **Postcode** |  |  | **FAN (if know)** |  |
| **Email Address** |  |  | **National Insurance No** |  |

|  |  |
| --- | --- |
| **Can we contact you at work?**  | Choose an item. |
| If yes, Work Telephone Number: |  |
|  |  |
| **Are you free to remain and take up employment in the UK** **with no current immigration restrictions** | Choose an item. |
|  |  |
| **Driving Licence - if relevant to post applied for.** **Do you hold a full, clean driving licence valid in the UK?**  | Choose an item. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **If you are successful you will be required to provide relevant evidence of the above details** |

Section 2: Present Employment
If now unemployed please give details of last employer

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Employer:**  |  |  | **Job Title:** |  |
| **Address:**  |  |  | **Date of Appointment:** |  |
| **Postcode:**  |  |  | **Department/Location:** |  |
| **Salary:** |  |  |
|  |
| **Brief Description of duties:**  |
| **Continue on a separate sheet if necessary.** |
| **Period of Notice:** |  | **Last day of service:** **If no longer employed** |  |
| **Reason for Leaving (If no longer employed):** |  |

Section 3: Previous Employment
Most recent employer first.

|  |  |
| --- | --- |
| **Name of Employer:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Position Held:** |  |
| **Start Date:** |  | **End Date:** |  |
| **Summary of Duties:**  |
| **Reason for Leaving:** |  |

|  |  |
| --- | --- |
| **Name of Employer:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Position Held:** |  |
| **Start Date:** |  | **End Date:** |  |
| **Summary of Duties:**  |
| **Reason for Leaving:** |  |

|  |  |
| --- | --- |
| **Name of Employer:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Position Held:** |  |
| **Start Date:** |  | **End Date:** |  |
| **Summary of Duties:**  |
| **Reason for Leaving:** |  |

Section 4: Education
Qualifications obtained from Schools, Colleges and Universities.
*Please list the highest qualification first*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **College or University** | **Start (mm/yy)** | **Completed (mm/yy)** | **Course** | **Qualifications and Grade obtained** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School** | **Start (mm/yy)** | **Completed (mm/yy)** | **Subjects** | **Qualifications** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Professional / Coaching Qualifications**

|  |  |
| --- | --- |
| **Professional / Coaching Qualifications** | **Course Details (Level/Pass Date)** |
|  |  |
|  |  |
|  |  |
|  |  |

Section 5: Training and Development
*Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal course.*

|  |  |
| --- | --- |
| **Title of Training Programme or Course** | **Duration of Course** |
|  |  |
|  |  |
|  |  |
|  |  |

**Are you a member of the FA licenced Coaches Association?** Choose an item.

Section 6: Personal Statement
***Skills, knowledge and experience.***Please use this section to explain in detail how you meet the requirements of the Job Description. If you are or have been involved in voluntary/unpaid activities, please include this information.

**Attach and label any additional sheets used.**

Section 7: Rehabilitation of Offenders Act (1974)

|  |  |
| --- | --- |
| **Do you have any convictions that are unspent under the Rehabilitation of Offenders Act (1974)** | Choose an item. |
| If yes, please give details / dates of offence(s) and sentence:  |

Section 8: Protecting Children and Vulnerable Adults

This following information may be required if the post you are applying for requires a Disclosure and Barring Service (DBS) police check.

|  |  |
| --- | --- |
| **Are you aware of any police enquires undertaken following allegations made against you, which may have bearing on your suitability for this post** | Choose an item. |

Section 9: Disability Discrimination Act
The Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

|  |  |
| --- | --- |
| **Do you have a disability?** | Choose an item. |
| If yes, please give details:  |

We will try to provide access, equipment or other practical support to ensure that people with disabilities can complete on equal terms with non-disabled people.

|  |  |
| --- | --- |
| **Do we need to make any specific arrangements in order for you to attend the interview?** | Choose an item. |
| If yes, please give details: |

Section 10: References
Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are.

|  |  |  |
| --- | --- | --- |
| **Reference 1** |  | **Reference 2** |
|  |  |  |  |  |
| **Name:** |  |  | **Name:** |  |
| **Position:** |  |  | **Position:** |  |
| **Work Relationship:** |  |  | **Work Relationship:** |  |
| **Organisation:** |  |  | **Organisation:** |  |
| **Address:** |  |  | **Address:** |  |
| **Postcode:** |  |  | **Postcode:** |  |
| **Telephone No:** |  |  | **Telephone No:** |  |
| **Email:** |  |  | **Email:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you willing this referee to be approached prior to the interview? | Choose an item. |  | Are you willing this referee to be approached prior to the interview? | Choose an item. |

Section 11: Declaration

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signed:** |  |  | **Date:** |  |

**A:** County Football Association Limited,

The County Office, Springfield Lyons Approach, Chelmsford, CM2 5LB

**W:** [www.essexfa.com](http://www.essexfa.com)



@EssexCountyFA

EssexFootball