**Religious Society of Friends (Quakers in Britain)**

**Job Application Form**

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| **Position applied for?** |  |

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| How did you find out about this job? | |
| Last name: | First name(s): |
| Present address: | |
| Postcode: | |
| Email address: | Preferred phone number: |

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| Are you legally eligible to work in the UK? (Yes/No) |  |
| Do you have a permit to work in the UK? (Yes/No) |  |
| If yes, what is the expiry date? (dd/mm/yy) |  |

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| **Current employment** | |
| Name and address of current employer |  |
| Nature of business/ work |  |
| Positions held and details of duties |  |
| Start Date |  |
| End Date |  |
| Salary |  |
| Reason for leaving |  |

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| **Previous employment** (any gaps in employment must be accounted for) | | | |
| Dates  (mm/yy) | Employer name and address and nature of business/ work | Position(s) held, details of duties and reason for leaving | Salary |
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| **Previous employment continued** | | | |
| Dates  (mm/yy) | Employer name and address and nature of business/ work | Position(s) held, details of duties and reason for leaving | Salary |
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| **Education**  Please give details of qualifications obtained and the results at: |
| Secondary school: |
| College/university: |
| Other qualifications, including professional/vocational: |

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| Tell us about any voluntary/unpaid work you have done, which is relevant to the post you are applying for |
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| Set out here or in a supporting statement, your reasons for applying for this post. The statement should set out how you meet each of the selection criteria in the person specification. You must address each criteria or you may not be short-listed for interview |
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| **General information**  Do you have a disability that requires BYM to make any adjustments to ensure that you receive a fair interview? If yes, please set out the reasonable adjustments required below |
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| **Referees**  Please give the contact details of three referees (not friends or relatives).  One of them should have known you for at least two years, and one must be your current or recent employer. Please indicate in the top row which one this is and give their job title. | | | |
|  | 1. | 2. | 3. |
| Name |  |  |  |
| Address |  |  |  |
| Email |  |  |  |
| Phone |  |  |  |
| Relationship to you? |  |  |  |

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| Date: Signature:  I confirm that all the information provided in this application for employment is true. I understand that in putting my name on the form above I am providing the equivalent to my signature. |

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| The information provided on this form will only be used solely for the recruitment and selection process. If you do not become an employee of the Religious Society of Friends (Quakers in Britain), your application form will be destroyed within six months of receipt. If you are successful, we will retain your application form for your personnel file. |

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| **Quakers Serving on a Committee**  If you are a Quaker serving on a Committee it will be necessary for you for you to seek release from this service before you can take up the offer of paid employment with the Religious Society of Friends (Quakers in Britain) |

Please return your completed application form to [**quakeremploy@quaker.org.uk**](mailto:quakeremploy@quaker.org.uk) or post to the Human Resources Department at the address below.

If you have any queries about the application process, please email us at the address above or phone 020 7663 1110 and ask to speak to HR.

Religious Society of Friends | Friends House | 177-173 Euston Road | London NW1 2BJ

[www.quaker.org.uk](http://www.quaker.org.uk) [www.friendshouse.co.uk](http://www.friendshouse.co.uk)

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**Equality Monitoring Form**

**Policy**

Britain Yearly Meeting is a Quaker organisation and seeks to live up to the Quaker Testimony to Equality in its employment practices. It is our policy to ensure that no job application or employee receives less favourable treatment on the grounds of race, age, colour, ethnicity or national origin, religious beliefs, sex, transgender, sexual orientation, disability, marital or civil partnership status, political beliefs, membership or non- membership of a trade union or any other factor irrelevant to the selection process. Selection procedures are reviewed to ensure that individuals are selected, promoted and otherwise treated on the basis of their relevant skills and abilities.

**Monitoring**

In order to ensure the continued development of this policy, all applicants are asked to complete the details below. This information will be solely used for monitoring purposes and will be treated as confidential and will be separated from your application form on receipt and before any consideration of candidates takes place.

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| **Post applied for** |  |
| **Name** |  |
| **Sex** |  |
| **Date of Birth** |  |

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| **Please place an X next to the description which you feel is the most appropriate of your ethnic origin (please choose ONE section from A to F).** | |
| **A White** | **B Mixed** |
| British  Irish  Other (please indicate)  Prefer not to say | White and Black Caribbean  White and Black African  White and Asian  Other (please indicate)  Prefer not to say |
| **C Asian or Asian British** | **D Black or Black British** |
| Indian  Pakistani  Bangladeshi  Other (please indicate)  Prefer not to say | Caribbean  African  Other (please indicate)  Prefer not to say |
| **E Chinese** | **F Any other Background** |
| Chinese  Other (please indicate)  Prefer not to say | Any other background  Other (please indicate)  Prefer not to say |
| **How would you describe your sexual orientation? Please place an X next to the description you feel is the most appropriate. Do you identify as:** | |
| Bisexual |  |
| Gay Man |  |
| Gay/Lesbian Woman |  |
| Hetrosexual/Straight |  |
| Prefer not to say |  |

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| **Which of the following, if any, is your religion. Please place an X next to the description you feel is the most appropriate.** | |
| Atheist |  |
| Baha’i |  |
| Buddhist |  |
| Christian |  |
| Hindu |  |
| Jains |  |
| Jewish |  |
| Muslim |  |
| Parsi |  |
| Rastafarian |  |
| Sikh |  |
| No religion |  |
| Prefer not to say |  |
| Other (please state) |  |

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| **Do you consider yourself to have a disability?** | |
| Yes |  |
| No |  |
| If yes, please state |  |

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