**Guille-Allès Public Library**

**Application Form**

*Data Protection Statement*

*The data collected on this application form will be held in accordance with the Data Protection (Guernsey) Law 2017 and will be used by the Guille-Allès Library only for purposes of recruitment/selection and employee administration. It will not be disclosed to any third party unless required by statute or by obtaining your express consent.*

**Guidance Notes for Applicants**

Completing the Application Form:

* Before completing this form please ensure that you have read and understood the job description
* Please sign the declaration at the end of the form to certify that all the information given is correct
* Please return the application form together with a cover letter and a CV

Procedure following application:

* We will acknowledge receipt of your application
* Shortlisting will take place as soon as possible after the closing date

Applicants will be advised on the outcome of their application as soon as possible after the interview.

If you would like to seek clarification on any point, please contact Hollie Froome on 01481 720392 or email [hfroome@library.gg](mailto:hfroome@library.gg)

**Application for appointment as: Customer Service Manager**

**Personal Details**

Surname: Forenames:

Title:

Home address:

Home Telephone no:

Mobile no:

Email:

Date of birth:

Do you have a valid Right To Work document? Yes / No

Expiry date (if any) of Right To Work document:

*(Upon employment you will be required to produce the original of any Right To Work document)*

**Present Employment**

Current position:

Employer:

Date of appointment:

Current salary:

Additional allowances:

Is position pensionable? Yes / No

Period of notice required:

**References**

Referee 1 *(Normally this should be your present employer)*

Name:

Position:

Address:

Telephone no:

Email:

Referee 2

Name:

Position:

Address:

Telephone no:

Email:

**Health Record**

Are you in good health? Yes / No

Have you had any serious illness requiring medical consultation or admission to hospital in the last two years? Yes / No

Have you had any health problem which might interfere with work? Yes / No

How many days have you been absent from work through sickness in the last two years?

I declare that the information contained in this form is true and complete to the best of my knowledge and belief. I understand that should I make a false statement regarding my history by completing this for incorrectly I will, if appointed, be liable to termination of my contract with our without notice.

Signature of Applicant: Date:

**Please return to:**

Postal address: Hollie Froome, Guille-Allès Library, Market Street, St Peter Port, Guernsey, GY1 1HB

Email: [hfroome@library.gg](mailto:hfroome@library.gg)