Walsall Football Club **Job Application Form** Title of post applied for: Closing Date: Before completing this form, please read the accompanying guidance notes. Please write clearly in black ink or type. Confidential 1. PERSONAL DETAILS (BLOCK CAPITALS PLEASE) Surname: First Name or Initials: Former surnames Preferred Name or if different: Title (Optional): Telephone Number Address: **Email Address** Nat. Insurance No: If you are not a British passport holder or a European Citizen, or you do not Nationality: have the permanent right to remain in the UK, you will require a work permit. Yes If you already have a work permit, when does it expire? Do you need a work permit to be employed in the UK? (Please note that your current work permit may not be valid for this post.) No Where did you learn of the post? Preferred work arrangements: ☐ Full-time Job share ☐ Term time only 30 hrs a week 2. EDUCATION AND PROFESSIONAL QUALIFICATIONS RELEVANT TO THE ROLE (Original documents as proof of qualification will be required at interview) Secondary School / Dates Date Result Examinations taken College / University То From

Other relevant Educa	tional or Training Courses	, with dates	
DESCRIT DOOT			
PRESENT POST			
itle of Post:		Salary:	
lame of		Business of Employer:	
Employer: Address:		Date Commenced:	
		Date Ended (if applicable):	
ōwn:	Post Code:		

4. PREVIOUS EMPLO (Please use continua		cessary.)	
Name and Address of Employers	Position held	Reason for leaving	Final salary
Description of duties:			
Description of duties:			
Description of duties:	<u>l</u>		
Description of duties:			

5. RELEVANT SKILLS, ABILITIES, KNOWLEDGE, EXPERIENCE AND YOUR REASONS FOR APPLYING FOR THIS JOB				

OTHER INFORMATION	
What activities outside work interest you? (State any positions held you consider rele	vant.)
Do you hold a current driving licence?	car? Yes No
Disabilities	
If selected for interview, do you require any special arrangements to be made on account of a disability?	☐ Yes ☐ No
If "yes", please give brief details of the effects of your disability on your day-to-day actinformation that you feel would help us to accommodate your needs during your interobligations under the Equality Act 2010:	
Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 Have you any convictions that are not spent under Rehabilitation of Offenders Act? If Yes, please provide further details:	☐ Yes ☐ No
As this post is covered by the Rehabilitation of Offenders Act 1974(Exceptions) Order	r 1975, both spent and
unspent convictions must be declared.	

Referee 1			Referee 2		
Title (Mr, Mrs etc):			Title (Mr, Mrs etc):		
Full Name:			Full Name:		
Job Title:			Job Title:		
Organisation:			Organisation:		
Address:			Address:		
Town	Post Code		Town	Post Code	
Tel No:			Tel No:		
E-mail address:			E-mail address:		
Please state if we may obtain this reference prior to interview.		Please state if we may obtain this reference prior to interview.			
		his application	form is true and comple		
I declare that the ingiven any misleadir	ng information on th		de any omissions, this wi	ii be sufficient grou	
I declare that the ingiven any misleadir terminating my emp	ng information on th			ii be sufficient grou	
DECLARATION I declare that the ingiven any misleadir terminating my emptode Signature: Name:	ng information on th		de any omissions, this wi	ii be sufficient grou	

PLEASE NOTE:

Due to the current COVID-19 restrictions, you may be asked to attend an initial interview online via Zoom. However, any subsequent interview will be face to face with specific social distancing guidelines in place in accordance with the Company protocols.

Only those candidates shortlisted for interview will be contacted. Your details will not be retained on file if you are not short listed for interview in accordance with the Company's GDPR policies.

Applications received after the closing deadline will not be considered.