

RABBINIC AND OFFICE ADMINISTRATOR APPLICATION FORM

1. PERSONAL DETAILS

Surname:		Title:	
Forenames:			
Address:			
Post code:			
Home Telephone:		Mobile Telephone:	
Work Telephone:		Can we contact you at work?	☐ Yes ☐ No
Email Address:			
National Insurance No:			

2. EMPLOYMENT

CURRENT OR MOST RECENT POSITION:

Employer:			
Address:			
Post code:			
Job Title			
Type of Work		Start Date:	
Notice Required		Salary	
Brief Description of Duties & Responsibilities (please attach a Job Description if available):			
Leave Date (if applicable):			
Why do you wish to /did you leave this position?			

**PREVIOUS APPOINTMENTS: (most recent first)**

Employer:			
Job Title:			
Start Date:		Leave Date	

Employer:			
Job Title:			
Start Date:		Leave Date	

Employer:			
Job Title:			
Start Date:		Leave Date	

Employer:			
Job Title:			
Start Date:		Leave Date	

Please continue on a separate sheet if necessary. If dates are not consecutive please state reason:

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3. VOLUNTEER WORK

Organisation	Voluntary Role Occupied



4. EDUCATION & TRAINING

SECONDARY / FURTHER EDUCATION:

School / College / University	Dates		Qualifications – Results with Grades*
	From	To	

TRAINING:

Type of Training (e.g. course)	Dates		Qualifications / Results where applicable
	From	To	

Membership of Professional Bodies

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5. LEISURE INTERESTS

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6. INFORMATION IN SUPPORT OF YOUR APPLICATION

Using real examples from your direct experience, please demonstrate how you meet the requirements of the post of Office Administrator as described in the Person Specification. Whilst keeping this as succinct as possible, feel free to use extra sheets if necessary.



7. REHABILITATION OF OFFENDERS ACT 1974

Please give details of any convictions you have
(excluding spent convictions under the Rehabilitation of Offenders Act 1974):

Do you have any criminal
charges or summonses
pending against you?
If YES, please give details:

☐ Yes

☐ No

8. DISABILITY

The Disability Discrimination Act 1995 defines a disabled person as anyone who has or who has had a physical or mental impairment, which has a substantial long term effect on their ability to carry out normal day-to-day activities.

Taking this definition into account, do
you consider you have a disability?
*If YES, please describe any equipment
or adaptations that may be needed:*

☐ Yes

☐ No

9. GENERAL

How did you become aware of this post

Do you have permission to work in the UK?

☐ Yes

☐ No

Do you possess a current clean driving licence?

☐ Yes

☐ No

Do you own a car?

☐ Yes

☐ No

If you were offered the post, would Sha'arei
Tsedek be your sole employer?
If NO, please give details:

☐ Yes

☐ No



10. REFEREES

Please give the names and addresses of at least 2 persons who would be willing to supply Employment and / or Character References, one of which must be from your present or most recent employer (if applicable). Please note that referees will not be contacted without your prior agreement.

Name:	
Position:	
Address:	
Telephone no:	
Email address:	

Name:	
Position:	
Address:	
Telephone no:	
Email address:	

11. STATEMENT OF APPLICANT

I certify that the answers given are true and complete, to the best of my knowledge.

Signature	
Date	

When completed, please return this form to bonnie.lemer@shaarei-tsedek.org.uk
Applications will not be accepted by post