CREATION Climbing Centre & Skatepark







THE MIDLANDS BIGGEST PRIMARY CENTRE FOR NICAS - THE NATIONAL INDOOR CLIMBING ACHIEVEMENT SCHEME

Application for employment

Please complete all the sections of the application form in full in BLOCK CAPITALS and in BLACK INK

SECTION ONE - Personal Details	
Surname	Title - Mr / Mrs / Miss / Ms / Other
Previous Surnames	National Insurance No,
Forename(s)	Home Telephone No,
Address	Mobile Telephone No.
	Email address
Post Code	
SECTION TWO - Education and Qualifications	
Full name and address of Secondary School	
Examinations taken and qualifications gained	
L	
Name of Further Education College/University	
Qualifications gained	

Professional qualifications or other training that you have und are applying for, please give full details.	lertaken that are relevant to the job you
SECTION THREE - Employment History	
Name of last/current employer	
Address of last/current employer	
Address of last/current employer	
Employment start date End date (if a	pplicable)
Current Salary Bonus	
Salitative Salitary	
Job title and main responsibilities	
Descent you want to leave /have left?	
Reason you want to leave/have left?	
NB References from current employer will not be obtained ur	til we receive your permission to do so
If the address above is not who we would contact for referer below:-	ce purposes, please supply full details

References are an important part of the recruitment process. Please ensure the reference boxes are completed for all employers. Where a tick is not entered we shall assume that we can approach for a reference.

PREVIOUS EMPLO	OYMENT, MOST RECENT FIR	RST		
Full name & addr	ress of employer			
Position held				
Responsibilities				
Leaving Salary	£	Can we approach for a reference?	YES/NO	
PREVIOUS EMPLO	OYMENT, MOST RECENT FIR	RST		
Full name & addr	ress of employer			
Position held				
Responsibilities				
Leaving Salary	£	Can we approach for a reference?	YES/NO	
PREVIOUS EMPLO	OYMENT, MOST RECENT FIR	RST		
Full name & addı	ress of employer			
Position held				
Responsibilities				
Leaving Salary	£	Can we approach for a reference?	YES/NO	
PLEASE CONTINUE ON A SEPERATE SHEET IF NECCESSARY				
SECTION FOUR -	- General Information			
	criminal convictions? pent under the rehabilitation	n of offenders legislation?)	ES/NO	
If yes, please pro	ovide details on the next pag	je.		

Detail any criminal convictions here:	
Are you facing any criminal prosecutions?	YES/NO
Have you received a caution within the last five years?	YES/NO
Please note that all positions within Creation require an enhanced	d CRB clearance.
If you are applying for positions within Creation Climbing Centre required to complete a full medical disclosure. This will be discuss interview stage.	• •
SECTION FIVE - Support Information	
Please provide relevant examples where, from your experience, y the skills for the job you are applying for.	ou have demonstrated that you have
SECTION SIX - Interests	
Please tell us any relevant interests or hobbies that you pursue or	utside the working environment, par-
ticularly in relation to sport, climbing or BMX. We would like to kn of expertise.	
SECTION SEVEN - Reference details	
Employment with Creation is conditional on meeting certain criter of the last two years satisfactory employment references. In certa employment history, personal references will be accepted, if this i and addresses of two personal referees below.	ain circumstances where there is no

SECTION Eight - Declaration

I declare that the information provided on this application for that any false information or misrepresentation of the facts re appointed to a poistion with Creation.	
Signed	Date
On completion please return this form to a Centre Manager. F submission of this application form may be a telephone interv	
Equal Opportunities Monitoring Policy	
It is Creation's policy to treat job applicants and employees ir sexual orientation, age, race, ethnic origin or disability.	n the same way, regardless of their sex,
All applicants are asked to complete the details below as part information is used for monitoring how effective our policy is the selection or decision-making process.	···
Please tick the appropriate boxes below	
Male Female	
Disability	
Do you consider yourself to have a disability?	
Yes No No	
Is there anything about your disability that is relevant to your	application?
Yes No	
If yes to either of the above would any modification or equipole job you are applying for YES/NO?	ment be required to assist you with the
If yes please provide details below –	
Date of Birth	