JOB APPLICATION FORM

Please return the completed form to **jobs@hope.ac.uk** or to the address at the bottom of the page. Pages 1 - 3 will not be available to any shortlisting panels

Ref No:		Post Details	
Initials for First Name		Surname	

References

Please give details of two referees, one of whom should be your present / most recent Employer. Additionally you **must also** give details of you current HR department. Referees should not be related to you. Unless indicated otherwise we may contact your referees at an appropriate stage in the recruitment process. All references will be contacted if you are offered the position.

Present/Most Recent Employer

In what capacity do you know this referee		May we approach before interview?	☐ Yes ☐ No
Job Title of referee			
Name			
Name and address of organisation			
		Postcode	
Telephone		Mobile	
Email		Fax	

Second Referee

In what capacity do you know this referee		May we approach before interview?	☐ Yes ☐ No
Job Title of referee			
Name			
Name and address of organisation			
		Postcode	
Telephone		Mobile	
Email		Fax	

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Current HR Department

In what capacity do you know this referee		May we approach before interview?	☐ Yes ☐ No
Job Title of referee			
Name			
Name and address of organisation			
		Postcode	
Telephone		Mobile	
Email		Fax	

Employment (Please start with present/most recent)

Current Salary (present only)		Period of Notice	
Employer	**Dates (from - to)**	**Position**	**Reason for leaving**

If table is full please continue on a separate page as an attachment

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Education and Qualifications

For academic posts please provide details of all learning and teaching qualifications awarded. This includes Higher Education Academy (HEA) status, if applicable.

Name and address of Institute	Dates (from - to)	Level	Grade

If table is full please continue on a separate page as an attachment

Personnel Office
Liverpool Hope University, Hope Park, Liverpool L16 9JD
T: 0151 291 3189 E: jobs@hope.ac.uk www.hope.ac.uk

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Professional Membership / Qualifications

(Please include HEA status, if relevant)

Organisation	Date	Level

If table is full please continue on a separate page as an attachment

Training (Most Recent First)

Name and address of Institute	Date (from - to)	Course title	Grade

If table is full please continue on a separate page as an attachment

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Liverpool Hope University EST. 1844

Additional Information in Support of Application

Please refer to the Person Specification and Job Details in order to provide relevant examples of evidence to highlight your skills, knowledge and abilities. For Academic posts, please also provide details of any publications.

(Continue on a separate sheet if required)

Do not write past this point. Please continue on a separate word document as information below this line cannot be read.

Please sign below to confirm all the information you have given is true. Also by signing, you give permission for us to process and retain your information, in accordance with the Data Protection Act 1998.

Signed		Date	

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