



MOUNT STUART

ISLE OF BUTE

Mount Stuart
Isle of Bute
PA20 9LR
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Application Form

Please complete this form as accurately as possible, giving as many details as possible of your skills and experience relating to this application.

A) POSITION APPLIED FOR

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B) PERSONAL DETAILS

Title:	Surname:	First Name:
Home Address:		
Postcode:		
Telephone:		
Home:		
Mobile:		
Email Address:		
Do you hold a current driving licence?		
What is your current notice period?		

C. EDUCATION/QUALIFICATIONS

Please give details of your education and qualifications which you feel are relevant to the post

DETAILS OF QUALIFICATION	GRADE/LEVEL	AWARDING BODY	DATE OBTAINED

TRAINING

Please list any training you have received which you feel is relevant to the post.

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D. EMPLOYMENT HISTORY

Please start with your most recent employment. Briefly describe the main duties of your post.

Current/Most Recent Employer

Name:			
Address:			
Job Title:			
Brief Description of duties:		From:	To:

Reason for leaving:

Employer/Organisation

Name:			
Address:			
Job Title:			
Brief Description of duties:		From:	To:

Reason for leaving:

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Employer/Organisation			
Name:			
Address:			
Job Title:			
Brief Description of duties:		From:	To:
Reason for leaving:			
Employer/Organisation			
Name:			
Address:			
Job Title:			
Brief Description of duties:		From:	To:
Reason for leaving:			

E. SKILLS & EXPERIENCE

This section is for you to give additional information to support your application.

F. REFERENCES

- *PLEASE PROVIDE THE NAMES OF TWO REFEREES, ONE OF WHOM MUST BE YOUR CURRENT OR MOST RECENT EMPLOYER. THE OTHER REFEREE SHOULD, WHERE POSSIBLE, BE A FORMER EMPLOYER.*
- *ALL OFFERS OF EMPLOYMENT ARE SUBJECT TO SATISFACTORY REFERENCES.*
- *REFERENCES WILL ONLY BE REQUESTED (AFTER INTERVIEW) FOR SUCCESSFUL APPLICANTS.*

Referee Name:	Referee Name:
Position:	Position:
Company:	Company:
Telephone:	Telephone:
Email:	Email:

G. DECLARATION (Read Carefully)

I CERTIFY THAT ALL INFORMATION CONTRAINED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I REALISE THAT FALSE INFORMATION OR OMISSIONS MAY LEAD TO DISMISSAL WITHOUT NOTICE. I UNDERSTAND THAT ALL INFORMATION SUPPLIED MAY BE VERIFIED BY MOUNT STUART TRUST.

Signature:	Date:
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By signing and returning this application you consent to Mount Stuart Trust using and keeping the information about you relating to your application or employment. Any information held will be used solely for internal purposes and will not be disclosed to any third party.