Manchester City Football Club

Job Application Form

Post Applied for: Ref No.:

Please complete this form fully using black ink

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal Details

Last Name: First Name:

Address:

Post Code:

Letters Numbers Letter

Home Telephone No: National Insurance No:

Daytime Telephone No:

Mobile Telephone No:

E-mail address:

Can we contact you at work? Yes ☐ No ☐

If yes, Work Telephone No:

Are you free to remain and take up employment in the UK with no current immigration restrictions? Yes ☐ No ☐

Driving Licence – if relevant to post applied for.
Do you hold a full, clean driving licence valid in the UK? Yes ☐ No ☐

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

Section 2 Present Employment

If now unemployed, please give details of last employer

Name of Employer:

Address:

Post Code:

Job Title:

Date of Appointment: Salary:

Department / Location:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice: Last day of service (if no longer employed):

Reason for leaving (if no longer employed):

Section 3 Previous Employment

(Most recent employer first). *Please cover the last 7 years and state nature of business.*

Name of Employer:

Address:

Post Code:

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Post Code:

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Post Code:

Position Held:

Summary of duties:

Reason for leaving:

Section 4 Education

Qualifications obtained from Schools, Colleges and Universities.
Please list highest qualification first.

College or University	Course	Qualifications and grades obtained
School	**Subjects**	**Qualifications and grades obtained**

Continue on a separate sheet if necessary

Professional, Technical or Management Qualifications

Please give details:

Professional / Technical / Management Qualifications	Course Details

Membership of my Professional / Technical Accociations - Please state level of Membership:

Continue on a separate sheet if necessary

Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

Section 6 Personal Statement

Abilities, skills, knowledge and experience.
Please use this section to explain in detail how you meet the requirements of the Job Description. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Continue on a separate sheet if necessary

Section 7 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the Rehabilitation of Offenders Act (1974)? Yes ☐ No ☐

If yes, please give details / dates of offence(s) and sentence:

Section 8 Protecting Children and Vulnerable Adults

The following information may be required if the post you are applying for requires a Criminal Records Bureau police check.

Enhanced Checks Only
Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post?

Yes ☐ No ☐

Section 9 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

To demonstrate our commitment we use the Disability Symbol. As symbol users, we have made a firm commitment to guarantee a place in the final assessment stage to all disabled applicants who:

- Meet the minimum criteria at the application and (if applicable) the assessment tests; **and**
- has, or has had in the past, a disability or long term health condition which has (or had) a substantial disadvantage on your day to day living; and
- the disability is likely to last at least 12 months.

Do you have a disability? Yes ☐ No ☐

This information will be used for the purposes of assessing eligibility for our guaranteed assessment scheme only.

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview? Yes ☐ No ☐

If yes, please give details:

Section 10 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are.

Reference 1	Reference 2
Name:	Name:
Position:	Position:
Work Relationship:	Work Relationship:
Organisation:	Organisation:
Address:	Address:
Postcode:	Postcode:
Telephone No.:	Telephone No.:
E-mail:	E-mail:
Are you willing for this referee to be approached prior to the interview? Yes ☐ No ☐	Are you willing for this referee to be approached prior to the interview? Yes ☐ No ☐

Section 11 Declaration

B. Statement to be Signed by the Applicant
Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form may be used for data processing purposes.

I hereby certify that:

- **all the information given by me on this form is correct to the best of my knowledge**
- **all questions relating to me have been accurately and fully answered**
- **I possess all the qualifications that I claim to hold**
- **I have read and, if appointed, am prepared to accept the conditions set out in the contract of employment and the job description.**

Signed:	Date:

NB. Candidates selected for interview will normally be notified within three weeks of the closing date. Unfortunately applicants who do not hear from Manchester City Football Club must conclude that their application has been unsuccessful on this occasion. Thank you for your interest in this post.

Manchester City Football Club undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.

If you are returning this form by email, you will be asked to sign your application at interview.

RETURNING THIS FORM

By Post:	**By E-Mail:**
Human Resources Department Manchester City Football Club City @ Home Building SportCity Manchester M11 3FF	jobs@mcfc.co.uk

POSITIVE ABOUT DISABLED PEOPLE

Section 12 Recruitment Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources Department purely for monitoring purposes.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM.

What is your Ethnic Group?
Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

A. White	
White UK	☐
Irish	☐
White non-UK	☐
Any other White background (please give details):	☐

B. Mixed	
White & Black Caribbean	☐
White & Black African	☐
White & Asian	☐
Any other Mixed background (please give details):	☐

C. Asian or Asian British	
Indian	☐
Pakistani	☐
Bangladeshi	☐
Any other Asian background (please give details):	☐

D. Black or Black British	
Black Caribbean	☐
Black African	☐
Any other Black background (please give details):	☐

E. Chinese or other Ethnic Group	
Chinese	☐
Vietnamese	☐
Any other Ethnic background (please give details):	☐

F. I do not wish to provide this information	
	☐

Section 12 Recruitment Monitoring Form - Continued

Gender

Male ☐ Female ☐

Disability

Disability is defined as "physical or mental impairment, which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities".

Do you consider yourself disabled? Yes ☐ No ☐

If yes, please give details:

Present Status

Internal Applicant ☐ External Applicant ☐

Age Group

16 - 25 ☐ 26 - 35 ☐ 36 - 45 ☐

46 - 55 ☐ 56 - 65 ☐ 66 - 70 ☐

Over 70 ☐

Media

Please state where you saw this post advertised: