|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **JOB ROLE** | | | | | |
| **Role you are applying for** | |  | | | |
| **Where did you see or hear about this vacancy?** | |  | | | |
| **Do you have a family member who currently works at the CWGC?** | |  | | | |
| **PERSONAL DETAILS** | | | | | |
| **Surname** | |  | | | |
| **Forename(s)** | |  | | | |
| **Preferred / Known as name** | |  | | | |
| **Home Telephone Number** | | **Mobile:** | | **Landline:** | |
| **Email Address** | |  | | | |
| **Nationality** | |  | | | |
| **Home Address** (*where you currently reside*) | |  | | | |
| **Postal Address** (*if different from home address*) | |  | | | |
| **Do you hold a full current driving license?** (*please provide details*) | |  | | | |
| **Do you hold a valid passport?** (*if required in the Job Description – please provide details*) | |  | | | |
| **Do you have the right to work in Israel?** | |  | | | |
| **If ‘No’, when is your Work Permit / Visa due to expire?** | |  | | | |
| **Please give details of any reasonable adjustments that you may require to assist you with your application, attendance at interview, skills testing or to carry out the role** | |  | | | |
| **What other work / voluntary commitments do you have?** | |  | | | |
| **EDUCATION/QUALIFICATIONS** | | | | | |
| *List all your professional qualifications applicable to the role, with dates and grades. (Please note, original certificates will be required as proof).* | | | | | |
| **Qualification** | **Learning Institution** | | **Grade Achieved** | | **Year Achieved** |
|  |  | |  | |  |
| **CURRENT/LAST EMPLOYMENT** | | | | | |
| **Name of current / last employer** | |  | | | |
| **Address of current / last employer** | |  | | | |
| **Position held** | |  | | | |
| **Nature of contract** (*e.g., Permanent, Temporary or Fixed Term, Contractor or Self-Employed*) | |  | | | |
| **Start date** | |  | | | |
| **End date** | |  | | | |
| **Reason for leaving** | |  | | | |
| **Current monthly salary** | |  | | | |
| **Desired monthly salary** | |  | | | |
| **Any current additional benefits** | |  | | | |
| **Notice period** | |  | | | |
| **When would you be available to start work?** | |  | | | |

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| --- |
| **PLEASE SUBMIT THIS COMPLETED FORM, TOGETHER WITH YOUR**  **COVER LETTER AND CV TO** [aaa.careers@cwgc.org](mailto:aaa.careers@cwgc.org) |

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*I declare the information provided above is, to the best of my knowledge, both accurate and true. Furthermore, I understand a false declaration resulting in my appointment will render me liable for dismissal.*

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**Signature**

Name: Signature: Date: