



Accrington Stanley Football Club
EMPLOYEE APPLICATION FORM

(To be completed in applicants own handwriting)

All information is to be treated as strictly confidential – Please complete all sections in block capitals

POSITION APPLYING FOR _____

EG – MATCHDAY STEWARD/CATERING/TICKETING AND TURNSTILE VOLUNTEER

SURNAME _____ FIRST NAME _____

ADDRESS _____ POST CODE _____

EMAIL ADDRESS _____

CONTACT NUMBER _____

HAVE YOU RECEIVED ANY CRIMINAL CONVICTIONS, BINDOVERS OR POLICE CAUTIONS – YES / NO
IF YES PLEASE GIVE DETAILS:

N.B. – UNDER THE REHABILITATION OF OFFENDERS ACT 1974, YOU ARE REQUIRED TO GIVE DETAILS OF ANY CONVICTIONS WHICH ARE NOT SPENT. IN ADDITION, WE REQUIRE YOU TO DISCLOSE ANY CAUTIONS AND BINDING OVER ORDERS THAT YOU HAVE RECEIVED IN THE LAST 12 MONTHS. FAILURE TO DO SO MAY RENDER YOU LIABLE TO DISMISSAL.

HAVE YOU EVER BEEN BANNED FROM A SPORTING EVENT – YES / NO
IF YES PLEASE GIVE DETAILS:

HAVE YOU EVER BEEN REJECTED FOR THE POSITION APPLIED FOR WITHIN ANY OTHER ORGANISATION – YES / NO
IF YES PLEASE GIVE DETAILS:

| | |
|---|--------------------------|
| DO YOU HOLD ANY FIRST AID CERTIFICATES | YES / NO (PLEASE CIRCLE) |
| DO YOU HOLD ANY STEWARDING CERTIFICATES | YES / NO (PLEASE CIRCLE) |

RECENT EMPLOYMENT HISTORY (LAST 5 YEARS)

| POSITION | COMPANY NAME AND ADDRESS | REASON FOR LEAVING | NUMBER OF YEARS EMPLOYED |
|----------|--------------------------|--------------------|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

ARE YOU IN GOOD HEALTH YES / NO (PLEASE CIRCLE)

HAVE YOU ANY PHYSICAL IMPAIRMENT YES / NO

(EG – POOR HEARING – POOR EYESIGHT)

IF YES, WHAT IS YOUR IMPAIRMENT _____

ARE YOU A REGISTERED DISABLED PERSON YES / NO

| |
|--|
| EQUAL OPPORTUNITY EMPLOYMENT POLICY STATEMENT |
| ACCRINGTON STANLEY FC IS COMMITTED TO PROVIDING EQUALITY OF EMPLOYMENT FOR ALL PEOPLE REGARDLESS OF RACE, COLOUR, NATIONALITY, ETHNIC OR NATIONAL ORIGIN, CREED, DISABILITY, AGE, SEX, MARITL STATUS OR SEXUAL ORIENTATION |

| |
|--------------------|
| DECLARATION |
|--------------------|

| |
|--|
| I HEREBY DECLARE THAT ALL THE DETAILS COMPLETED BY ME IN THIS APPLICATION ARE TRUE AND CORRECT. I FULLY UNDERSTAND THAT A MISLEADING OR FALSE STATEMENT MAY LEAD TO MY SUBSEQUENT DISMISSAL |
|--|

| |
|--|
| SIGNATURE |
| PRINT NAME CLEARLY (BLOCK CAPITALS) |
| DATE |

PLEASE RETURN COMPLETED FORMS TO:

DAVID BURGESS. ACCRINGTON STANLEY FC, THE WHAM STADIUM, LIVINGSTONE ROAD, ACCRINGTON, BB5 5 BX OR EMAIL TO david.burgess@accringtonstanley.co.uk