



**CREWE ALEXANDRA FOOTBALL CLUB
APPLICATION FORM**
(Please complete in your own handwriting using block capitals)

The information provided on this application form will remain private and confidential and will only be used for the purpose of selection/recruitment or for subsequent administration if the application is successful. All candidates will be given an equal opportunity with no direct or indirect discrimination on grounds of sex, marital status, race, colour, religion, sexuality, disability, age, nationality, ethnic or national origin.

For which post are you applying? please tick as appropriate : *(you may apply for more than one post)*

STEWARD

GATE STEWARD

TURNSTILE

PERSONAL DETAILS

SURNAME:.....

FORENAME(S):.....

TITLE*: MR / MRS / MISS / MS

ADDRESS:

..... POST CODE:

TELEPHONE:
(HOME)

TELEPHONE:
(BUSINESS)

MOBILE.....

E-MAIL ADDRESS:.....

NATIONAL INSURANCE NUMBER:

HEIGHT:

WEIGHT:

DO YOU HOLD ANY CERTIFICATES FOR: FIRST AID?* YES / NO

FIRE FIGHTING?* YES / NO

ARE YOU IN FULL TIME EMPLOYMENT?* YES / NO

PRESENT OCCUPATION:

NAME OF CURRENT EMPLOYER:

ADDRESS OF CURRENT EMPLOYER:
.....

EMPLOYMENT HISTORY

Start Date	Leaving Date	Company Name	Position Held	Reason for leaving

HAVE YOU ANY SPECIAL SKILLS OR QUALIFICATIONS WHICH WOULD BE OF BENEFIT IN YOUR ROLE AT ALEXANDRA STADIUM, I.E. FIRST AID, CUSTOMER SERVICE, SIA, FIRE SAFETY ETC?

.....
.....
.....
.....

PLEASE DETAIL REASONS WHY YOU WOULD LIKE TO WORK AT CREWE ALEXANDRA:

.....
.....
.....
.....
.....

HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENCE DURING THE PAST FIVE YEARS?*

YES / NO

IF YES, PLEASE GIVE DETAILS:

.....
.....

HAVE YOU WORKED FOR CREWE ALEXANDRA FOOTBALL CLUB PREVIOUSLY?

YES / NO

IF YES, PLEASE GIVE DETAILS:

.....
.....

HAVE YOU EVER BEEN BANNED/EJECTED FROM A FOOTBALL LEAGUE OR FA PREMIER LEAGUE GROUND?*

YES / NO

IF YES, PLEASE GIVE DETAILS:

.....
.....

HAVE YOU ATTENDED ANY PREVIOUS STEWARD TRAINING?*

YES / NO

IF YES, PLEASE GIVE DETAILS:

.....
.....

SHOULD YOU BE INVITED TO ATTEND THE ASSESSMENT CENTRE AND/OR INTERVIEW, DO YOU HAVE ANY SPECIAL REQUIREMENTS?

YES/NO

IF YES, PLEASE GIVE DETAILS:

.....
.....

HEALTH QUESTIONNAIRE

Please answer the following questions:

HAVE YOU VISITED THE DOCTORS IN THE LAST SIX MONTHS? YES / NO

If yes, please give details :

.....
.....
.....
.....

HAVE YOU BEEN TREATED IN HOSPITAL IN THE LAST 12 MONTHS? YES / NO

If yes, please give details :

.....
.....
.....
.....

DO YOU TAKE ANY REGULAR MEDICATION? YES / NO

If yes, please give details :

.....
.....
.....
Are there any side effects?.....
.....

ARE YOU CURRENTLY TAKING ANY MEDICATION? YES / NO

If yes, please give details :

.....
.....
.....
Are there any side effects?.....
.....

REFEREES

Please provide the names and address of two people who would be prepared to provide a character reference if requested:

NAME:	.....	NAME:	.....
ADDRESS:	.....	ADDRESS:	.....

TEL:	.....	TEL:	.....
OCCUPATION:	.....	OCCUPATION:	.....

Candidate's Declaration:

I hereby declare that all details completed in this application are true and correct. I understand that a misleading or false statement, significant omission or unsatisfactory reference may lead to subsequent cancellation of my Terms of Engagement.

Signed: **Dated:**

EQUAL OPPORTUNITIES POLICY

Crewe Alexandra Football Club is committed to providing equality of opportunity in engagement and in order to help us ensure our policy is being carried out it would help if you could complete the following. Any information you provide will be used for no other purpose than that stated above and will be treated as confidential. You are not obliged to provide this information.

How would you describe your ethnic origin:.....
Country of Birth:.....
Sex:.....
Date of Birth:
Marital Status: Single / Married / Separated / Widowed / Divorced
Are you disabled? If yes, please give brief details of your disability, including details of any special assistance you may require if you are asked to attend an interview.