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Description automatically generated**

**Application Form**

*Data Protection Statement*

*The data collected on this application form will be held in accordance with the Data Protection (Guernsey) Law 2017 and will be used by the Guille-Allès Library only for purposes of recruitment/selection and employee administration. It will not be disclosed to any third party unless required by statute or by obtaining your express consent.*

**Guidance Notes for Applicants**

Completing the Application Form:

* Before completing this form, please ensure that you have read and understood the job description
* Please sign the declaration at the end of the form to certify that all the information given is correct

Procedure following application:

* We will acknowledge receipt of your application
* Shortlisting will take place as soon as possible after the closing date
* All applicants will be advised on the outcome of their application as soon as practicable

If you would like to seek clarification on any point, please contact Ellie Fowkes

Email: efowkes@library.gg

**Application for appointment as: Saturday/Evening Assistant**

**Personal Details**

Surname: Forenames:

Home Address:

Home Telephone no:

Mobile no:

Email:

Date of birth:

Do you have a valid Right To Work document? Yes / No

*(Upon employment you will be required to produce the original of any Right To Work document)*

Position Sought: *(Saturday Assistant, Evening Assistant, or both)*

Available Start Date:

**Education**

Name of School or College:

Grade/Year:

Qualifications/Subjects studied:

**Previous Work Experience (if any)**

Company Name:

Position Held:

Duration:

Responsibilities:

**Skills and Interests**

Please list any of your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above-mentioned position: *(examples may include work experience, technical skills, certifications, relevant coursework, extracurricular activities or any other talents or achievements)*

I declare that the information contained in this form is true and complete to the best of my knowledge and belief.

Signature of Applicant: Date:

**Please return to:**

Postal address: Hollie Froome, Guille-Allès Library, Market Street, St Peter Port, Guernsey, GY1 1HB

Email: [hfroome@library.gg](mailto:hfroome@library.gg)