



DOUCH FAMILY FUNERAL DIRECTORS APPLICATION FOR EMPLOYMENT

**Job title: Funeral Director
(AE Jolliffe & Son, Ferndown)**

PERSONAL DETAILS	
Title:	
Forenames:	
Surname:	

ADDRESS	
Address 1:	
Address 2:	
Town / City:	
County:	
Postcode:	

TELEPHONE	
Home:	
Mobile:	

EMAIL	
Email address:	

PREFERRED METHOD OF CONTACT	
Telephone (please include preferred number):	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	Yes <input type="checkbox"/> No <input type="checkbox"/>

MISCELLANEOUS

Full Driving Licence	Yes <input type="checkbox"/> No <input type="checkbox"/>
Endorsements	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If YES, please give further details including dates:

Are you involved in any activity which might limit your availability to work or your working hours e.g., local government?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please give full details:

Are you subject to any restrictions or covenants with your previous employer which might restrict your working activities?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please give full details:

Are you willing to work overtime and weekends if required?
Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give details of any hours which you would not wish to work:

Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974?)
Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please give details:

Have you ever worked for this business before?Yes No

If YES, please give full details:

Have you applied for employment with this business before?Yes No **How much notice are you required to give your current employer?****If offered employment, you may be required to complete a medical questionnaire. If necessary, are you prepared to undergo a medical examination before starting employment?**Yes No **EDUCATION**

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

OTHER RELEVANT QUALIFICATIONS AND TRAINING

Please give details of membership of any technical or professional associations (including expiration/renewal date, if applicable):

Please list languages spoken and the level of competence:

Please list any IT applications or programmes you are familiar with and your level of competence:

**INTERESTS, ACHIEVEMENTS, AND LEISURE ACTIVITIES
(e.g., hobbies, sports, club memberships)**

EMPLOYMENT HISTORY

Please give details of your past employment, excluding your present or last employer, stating the most recent first:

Employer's name and Address:	
Start date:	
End date (if applicable):	
Job Title:	
Please give a brief description of your duties and responsibilities:	
Reason for leaving:	

Employer's name and Address:	
Start date:	
End date (if applicable):	
Job Title:	
Please give a brief description of your duties and responsibilities:	
Reason for leaving:	

(If necessary, please use a separate sheet)

PRESENT OR LAST EMPLOYER

Are you currently employed?	Yes / No
Name of present or last employer:	
Address:	
Telephone number:	
Nature of business:	
Job title & brief description of duties:	
Reason for leaving:	
Reason for leaving:	
Length of Service: (From and To)	

ROLE SPECIFIC QUESTIONNAIRE

Give examples of how a Funeral Director can go above and beyond their role to fulfil and exceed a client's expectations.

Describe a situation where your communication skills were used in difficult and sensitive circumstances.

Can you demonstrate what skills are needed to work independently and provide an example where you have had to make a decision without referring to your manager.

Please use additional sheets if necessary.

IN SUPPORT OF YOUR APPLICATION

Please set out below any further information to support your application.

(e.g., past achievements, future aspirations, personal strengths)

Please use additional sheets if necessary.

DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Organisation, in compliance with data protection legislation and as set out in the Organisation's Applicant Privacy Notice. I undertake to notify the Organisation immediately of any changes to the above details.

Signed: _____

PRINTED: _____

Date: _____

REFERENCES

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? **Yes / No**

Name:	Name:
Position:	Position:
Address:	Address:
Telephone:	Telephone:

SOURCE OF APPLICATION

How did you hear of this vacancy?

Please return your completed form and most recent copy of your cv to:

debbie@aejolliffe.co.uk

Mrs Debbie Brown

Branch Manager

AE Jolliffe & Son

17 Victoria Road, Ferndown, Dorset

BH22 9HT