



An Equal Opportunity Employer

EMPLOYMENT APPLICATION

JOB TITLE	<input type="text"/>
CLOSING DATE	<input type="text"/>

Please return this form to:

Julie Bedding
PA to the Chief Executive
The Grand Theatre
Lichfield Street
Wolverhampton
WV1 1DE

Please complete this application form in black ink

PERSONAL DETAILS

Mr/Mrs/Miss/Ms	Surname	Forename(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

<input type="text"/>	Postcode	<input type="text"/>
----------------------	-----------------	----------------------

Email Address

Home Telephone No.	Work Telephone No.	Mobile Telephone No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you hold a current full valid driving licence?	Yes/No
<input type="text"/>	<input type="text"/>

EDUCATION Please include gained or pending qualifications, stating grades

From	To	Name of Establishment	Qualifications

TRAINING Please give details of any training you have completed, which may be relevant to your application

Date and length of Course	Organising Body	Course Title & Details

INTERESTS

Please give brief details of any leisure activities and other interests you pursue

EXPERIENCE

Please give your reasons for making this application, relating your qualifications, experience and personal attributes to the position for which you are applying. You may prefer to use a separate sheet(s).

REFERENCES

Please give the name and address of two persons (one of whom should be your present or latest employer), from whom the Grand Theatre may obtain information relating to your application. If you do not wish either referee to be approached at this stage tick the box beneath their name.

Reference 1 - Name

Address

Tel No.

Tick box if you do not wish for referee to be contacted at this stage

Reference 2 - Name

Address

Tel No.

Tick box if you do not wish for referee to be contacted at this stage

I certify that the information given on this form is true to the best of my knowledge

Signed:

Date:

Please ensure that you enclose the equal opportunities form with your application