



# Masjid Abu Bakr

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Website: [www.masjidabubakr.co.uk](http://www.masjidabubakr.co.uk)

## Employee Application Form

1. This form must be fully completed using blue or black ink pen and in capital letters.
2. You will be notified of any available vacancy.
3. Shortlisted applicants will undergo an interview and assessment.
4. All successful applicants will undergo an enhanced CRB check.
5. Completed forms should be returned to the above address.



Position Applied For: \_\_\_\_\_

## Personal Details:

<b>Title:</b> (Dr/Mr/Mrs/Miss/Other)	<b>UK National Insurance Number:</b>
<b>Surname/Family Names:</b>	<b>First Name:</b>
<b>Middle Names:</b>	<b>Date Of Birth:</b>
<b>Address:</b>	
<b>Postal Code</b>	<b>Telephone Number:</b>
<b>Country:</b>	<b>Mobile Number:</b>
<b>Email Address:</b>	
<b>Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'no', do you have any evidence of entitlement to enter and work permanently in the United Kingdom (UK), i.e. settled status?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please select the category that relates to your current immigration status. This status will be subject checking before interview.	
<input type="checkbox"/> Highly Skilled Migrant Programme	<input type="checkbox"/> Permit Free Training
<input type="checkbox"/> Work Permit	<input type="checkbox"/> Limited leave to remain
<input type="checkbox"/> Dependant / Spouse visa	<input type="checkbox"/> Working holiday visa
<input type="checkbox"/> Clinical attachment visa	<input type="checkbox"/> Refugee
<input type="checkbox"/> Visitor	<input type="checkbox"/> Other (please specify below)



## Education and Professional Qualifications

State your most recent first and use additional sheets if necessary

Subject/Qualification	Place of Study (including address)	Grade/Result	Years spent in education				
			From		To		Full-time / Part-time
			Mth	Yr	Mth	Yr	

## Employment History

Please record below the details of all your employments beginning with the most recent. Please explain any gaps in employment in the 'Supporting Information' section below. Please use additional sheets if needed.

### Previous Employer 1

<b>Employer Name &amp; Address:</b>		
<b>Job Title:</b>	<b>From Date:</b>	<b>To Date:</b>
<b>Description of your duties and responsibilities:</b>		
<b>Reason for Leaving / Period of notice required (if current):</b>		



## Previous Employer 2

<b>Employer Name &amp; Address:</b>		
<b>Job Title:</b>	<b>From Date:</b>	<b>To Date:</b>
<b>Description of your duties and responsibilities:</b>		
<b>Reason for Leaving:</b>		

## Supporting Information

Please give details of any other information which you think is relevant for this post and your application. Include experience and achievements.



**Please state your interests and hobbies:**

**Please state your religion, sect and madh-hab:**

**Do you speak any other languages, other than English (including British Sign language)?  
If so, please specify which and also the degree of fluency (fluent, intermediate, basic).**

**Are you related to any member of staff or student at Masjid Abu Bakr? If so, please specify,  
including the nature of the relationship.**

**I understand that the appointment if offered will subject to satisfactory references and possible  
medical reports and I can confirm the information given on this form is correct and accurate.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## References

Please give the names of the people who have agreed to supply references. For all positions you must provide referees.

If you are or have been employed, these should be your two most recent employers. These may include your line manager or someone in a position of responsibility who can comment on your work experience, competence, personal qualities and suitability for the post.

If you are a student please provide contact details of a teacher at your school, college or university. Please note that personal references such as friends and relatives are not acceptable.

For all posts, written references obtained must cover the preceding 3 years of employment. All referees will be approached prior to interview unless you indicate otherwise.

### Referee 1

<b>Surname/Family name:</b>	<b>First Name:</b>	
<b>Job Title:</b>	<b>Date From:</b>	<b>Date To:</b>
<b>Fax Post Code/ Zip Code:</b>	<b>Country:</b>	
<b>Telephone:</b>	<b>Fax:</b>	
<b>Email:</b>		
<b>Relationship:</b>	<b>Can the referee be contacted prior to interview?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Referee 2

<b>Surname/Family name:</b>	<b>First Name:</b>	
<b>Job Title:</b>	<b>Date From:</b>	<b>Date To:</b>
<b>Fax Post Code/ Zip Code:</b>	<b>Country:</b>	
<b>Telephone:</b>	<b>Fax:</b>	
<b>Email:</b>		
<b>Relationship:</b>	<b>Can the referee be contacted prior to interview?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	



## Monitoring Information

This section of the application form will be detached from your application form and will be used for monitoring purposes only.

### Gender

- Male     Female     Transgender     I do not wish to disclose this

### Ethnicity

I would describe my ethnic origin as follows:

#### Asian or Asian British

- Bangladeshi  
 Indian  
 Pakistani  
 Any other Asian background

#### Mixed

- White & Asian  
 White & Black African  
 White & Black Caribbean  
 Any other mixed background

#### Other Ethnic Group

- Chinese  
 Any other ethnic group  
 I do not wish to disclose this

#### Black or Black British

- African  
 Caribbean  
 Any other Black background

#### White

- British  
 Irish  
 Any other White background

If other, please specify:

\_\_\_\_\_



## Disability Discrimination Act 1995

The Disability Discrimination Act protects disabled people. This includes people with long-term health conditions. If you tell us that you have a disability we can make reasonable adjustments to where you work and your work arrangements and at interview.

<b>Do you consider yourself to have a disability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> I do not wish to disclose this information						
<p>Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.</p> <table border="0"> <tr> <td><input type="checkbox"/> Physical Impairment</td> <td><input type="checkbox"/> Learning Disability/Difficulty</td> </tr> <tr> <td><input type="checkbox"/> Sensory Impairment</td> <td><input type="checkbox"/> Long-standing illness</td> </tr> <tr> <td><input type="checkbox"/> Mental Health Condition</td> <td><input type="checkbox"/> Other (Please provide details below)</td> </tr> </table>		<input type="checkbox"/> Physical Impairment	<input type="checkbox"/> Learning Disability/Difficulty	<input type="checkbox"/> Sensory Impairment	<input type="checkbox"/> Long-standing illness	<input type="checkbox"/> Mental Health Condition	<input type="checkbox"/> Other (Please provide details below)
<input type="checkbox"/> Physical Impairment	<input type="checkbox"/> Learning Disability/Difficulty						
<input type="checkbox"/> Sensory Impairment	<input type="checkbox"/> Long-standing illness						
<input type="checkbox"/> Mental Health Condition	<input type="checkbox"/> Other (Please provide details below)						
<div style="border: 1px solid black; height: 30px;"></div>							

*Office Use Only*

Date Received \_\_\_\_\_