

# Customer Service (Jersey) Application Form



When completed please return to: [HRJersey@hctgroup.org](mailto:HRJersey@hctgroup.org)

## 1. Personal information

Name in full

Address

Date of birth

Home telephone number

Mobile telephone number

Post code

Are you residentially qualified?

Yes  No

## 2. Customer Service Experience

What retail experience do you have?

What languages do you speak and to what level?

What complaint handling experience do you have?

## 3. General Health information

How many days off work have you had in the last 2 years?

Are you currently on any medication? If so please give details.

#### **4. Why do you want to work for CT PLUS?**

Please use this space to outline the reasons why you wish to work for CT PLUS. You may wish to include details of any experience of dealing with members of the public, handling cash and any community or voluntary activity you have undertaken. Please refer to the 'Person Specification' when detailing experience as this is the information we will use to select applicants for interview.

[Continue on a separate sheet and attach if you wish]

## 5. Employment details

Please provide details of your current or most recent employment and, if applicable, the two positions prior to this. Include voluntary positions if applicable.

Name & address of employer	Job title & duties	Dates employed	Reason for leaving

## 6. Vocational qualifications and other skills

Please give details of any skills or qualifications that you have that are relevant to this post (for example customer care training, first aid certificate, disability awareness training).

## 7. Convictions and legal proceedings

With the exception of offences which are “spent” under the terms of:

- the UK “Rehabilitation of Offenders Act 1974”;
- the Jersey Rehabilitation of Offenders (Jersey) Law 2001;
- the UK Rehabilitation of Offenders (Exceptions) Order 1975; and
- the Jersey Rehabilitation of Offenders (Exceptions) (Jersey) Regulations 2002

enter the exact details of any criminal convictions. Please enter details of any outstanding Summons of Prosecution. If you have no convictions or outstanding summonses please write “none”.

Date of offence	Date of conviction	Nature of offence	Sentence or court order

### 8. References

Please provide names and details of two referees, one of whom must be your present or most recent employer. The other may be someone who has known you for at least two years. This may not be a relative. We will not contact your referees prior to any offer of employment.

Current or most recent employer	Second referee
Name <input type="text"/>	Name <input type="text"/>
Job title <input type="text"/>	Job title <input type="text"/>
Company <input type="text"/>	Company <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
Telephone number <input type="text"/>	Telephone number <input type="text"/>

### 9. Declaration of validity

I declare that the information provided on this application form is, to my knowledge true and accurate. I understand that if it is subsequently discovered that any statement is false or misleading, I may be discharged from my employment with CT PLUS. With the exception of offences that are spent under paragraph 7 of this application form, I have included details of criminal convictions, including driving offences. I am legally entitled to take paid employment in the Bailiwick of Jersey.

Signature	<input type="text"/>	Date	20 <input type="text"/>
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