



## Sessional Working Application Form

### Confidential

Position for which you are applying: Tick all that apply

Medical Visits  Shopping  Cleaning  Gardening

### 1. Please indicate your availability for sessions (Times/Days)?

Monday	
Tuesday	
Wednesday	
Thursday	
Fridays	
Saturday	
Sunday	

### 2. Personal details

Preferred title :(i.e. Mrs, Miss, Mr, Dr)

First Name:

Other Names

Last Name:

### 3. Contact Information

Home address:




Telephone (home)

Postcode:

Telephone (mobile):



If you are happy for us to contact you at work:

Telephone (work):

Email:

**4. Your Experience**

Please tell us how your experience/qualifications will enable you to do the areas of work you have ticked.

**5. Present and previous occupations**

Please give details of your occupation(s), for the last ten years. Please explain any gaps. Please start with current or most recent. *Continue on separate sheet if necessary*

<b>Employer's name and address:</b>	<b>From:</b>	<b>To:</b>	<b>Final Salary:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<b>Reason for Leaving:</b>		
	<input type="text"/>		

**Position**

<b>Employer's name and address:</b>	<b>From:</b>	<b>To:</b>	<b>Final Salary:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<b>Reason for Leaving:</b>		
	<input type="text"/>		

**Position**

<b>Employer's name and address:</b>	<b>From:</b>	<b>To:</b>	<b>Final Salary:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<b>Reason for Leaving:</b>		
	<input type="text"/>		

**Position**

**6. Have you ever been convicted of a criminal offence?**

Please specify:      Yes            No     

(Declaration subject to the Rehabilitation of Offenders Act 1974)

If your answer is yes, please give details of date(s) of offence(s) and sentence(s) passed, which are not spent. (Continue on a separate sheet if necessary)

**7. References**

Please provide the names, addresses and telephone numbers of two referees, one of whom should be your present or most recent employer or customer.

Name:			
Organisation:			
Job Title:			
Address:			
Postcode:		Telephone:	
Email:			
What is your connection with this referee:			

Name:			
Organisation:			
Job Title:			
Address:			
Postcode:		Telephone:	
Email:			
What is your connection with this referee:			

**8. Declaration**

I declare that the information provided on this form is correct to the best of my knowledge and understand that any information submitted in connection with sessional work and subsequently found to be incorrect or deliberately misleading could lead to termination as a sessional worker without notice.

Signed

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Date

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Where possible please email your application back to [admin@linkline.org](mailto:admin@linkline.org) as this is our preferred format (although we are happy to accept other formats).

**Please note that when emailing your application a hand-written signature is not necessary. If called for interview you will be asked to sign your form when you attend the interview.**

If you are sending your application by ordinary mail please send your completed application to:

Tracy Scarrett  
Link Line  
Ashton House  
67 Compton Road  
Wolverhampton  
WV3 9QZ

If you have any queries you can contact Tracy on 01902 392366

Wolverhampton Link Line  
Registered Company No. 5902626 Registered Charity No: 1122609