# **Capitals Coalition application form**

Please send a completed application form (do not convert it to PDF) to **info@capitalscoalition.org** by **Friday 17th February 12 PM CET**. Please state the role in the subject line and kindly note that only short-listed candidates will be contacted.
Interviews are planned for **22nd February 2023.** For any queries about the role please contact info@capitalscoalition.org.

Application for employment as: **Operations Manager**

Name:

Address:

Postcode:

Phone:

Email:

## **Education, training and qualifications**

Please give details of all relevant education, training and qualifications including the date of qualifications, titles and content of courses.

## **Employment history**

Please give details of your present employer including your job title, duties and responsibilities and length of time with the organization. Your employment history should included any volunteer positions where they are relevant to the role you are applying for.

*\*No approach will be made to your present employer or past employer before an offer of employment is made to you.*

Please also give details of previous employers.

## **Additional skills and experience**

Please give details of any other skills and experience relevant to the role you are applying for not covered above.

**Cover Letter**

Please refer to the person specification and role description and explain how your knowledge, skills and experience make you the best person for this role. Please also tell us why you are applying for this role.

Do you consider yourself to have a disability?

 Yes No

Please tell us if there are any reasonable adjustments we can make to assist you in your application or with our recruitment process

All of the information collected in this form is necessary and relevant to the performance of the job applied for. We will use the information provided by you on this form for recruitment purposes only. Capitals Coalition will treat all personal information with the utmost confidentiality and in line with current data protection legislation.

For more information on how we use the information you have provided, please visit [our website](https://capitalscoalition.org/privacy-policy/#:~:text=The%20Capitals%20Coalition%20has%20implemented,and%20Personal%20Data%20Protection%20Policies.&text=We%20apply%20appropriate%20technical%20and,accidental%20%2F%20malicious%20activities%20or%20theft.).

I confirm that to the best of my knowledge the information I have provided on this form is correct and I accept that providing deliberately false information could result in my dismissal.

Name ……………………………………..…………………

Signature .................................................. Date …………………………..

[ Note: please do not convert this word document to PDF when sending it to info@capitalscoalition.org ]