



Job Application Form

Please complete this form in black ink. All questions must be answered in the boxes provided.

Post: _____

First name(s): _____ Surname: _____

Address: _____

Post Code: _____

Previous names used : _____

Home Telephone Number: _____

Can we ring you at work? **YES/NO** E-mail Address: _____

National Insurance Number: verified _____

Do you currently hold a full driving licence YES / NO

Date of Birth: _____

Please list any other previous addresses you have lived at in the past five years

Please continue on a separate sheet if needed

Please give the names and addresses of two previous employers who can verify or confirm your employment record. One should be your present or most recent. The referees need to be your immediate/previous manager.

Name: _____

Name: _____

Position: _____

Position: _____

Address: _____

Address: _____

Tel: _____

Tel: _____

Verification is normally sought after interview. Please indicate whether your references can be approached before a job offer is made. **YES/NO**

This post is subject to Safeguarding checks

Are you registered with the Independent Safeguarding Authority? **YES/ NO**

Have you ever been convicted of any criminal offence? **YES/ NO**

If **YES**, please give details of the conviction(s) and date(s) in the space provided below:

Is there anyone in the household, or a family member, age sixteen years and above with criminal cautions/convictions, including any pending? **YES/NO**
If yes, please give details:

Do you need a work permit to work in the UK? **YES/NO** National Insurance Number: _____

Qualifications Achieved:

Secondary Schools, Colleges, Universities (Certificate of awarding body along with the date of award must be included)	From:	To:	Brief Details of Courses:	Grade:

Study taken or currently being undertaken:

Secondary Schools Colleges, Universities (Certificates: Please include awarding body along with the date of award)	From:	To:	Brief Details of Courses:	Grade:

Professional or other qualifications and apprenticeships

Other training you have received which you consider relevant:

DISABILITY OR HEALTH PROBLEMS DO NOT PRECLUDE FULL CONSIDERATION FOR THE JOB AND APPLICATIONS FROM DISABLED PERSONS ARE WELCOMED.

Health

Please give number of sick days in last 12 months

Please give number of separate occurrences of illness in last 12 months

Do you have a driving licence? **YES/NO**

Do you have reasonable access to public transport? **YES/NO**

Employment:

Current/most recent employer: _____

Address: _____

_____ Post Code: _____

Date Started: _____ Until: _____ Notice required: _____

Job Title: _____ Basic salary per annum: _____

Brief Description of Duties: _____

Reason for leaving: _____

Other employment/career history starting with most recent:

For posts which involve working with children, please give full employment history; accounting for any gaps (please continue on a separate sheet of paper if necessary).

From:	To:	Employer: Name and Address: (Please explain any gaps in employment history etc)	Post:	Reason for Leaving:

Please give details of other interests, including involvement in voluntary organisations which you consider relevant:

Experience/Relevant Skills

Having read the job description and person specification, please state how your experience and achievements to date would make you a suitable candidate for this post. If you need to continue beyond these pages of the form please use the same size white paper.

EQUAL OPPORTUNITIES

We are committed to Equal Opportunities in Employment. As part of this policy, all applicants for employment are requested to complete this section for the purposes of monitoring the policy and it will be separated from your application. The information it contains will not be used in deciding whether or not to invite you to interview or offer you employment. As an Equal Opportunities Employer, we aim to ensure that no job applicant or employee receives less favourable treatment on the grounds of age, sex, race, colour, marital status, religion, ethnic origin, nationality or sexual orientation. Please help us to achieve our main aim by completing the following questions:

Position applied for:

Name: surname and forename(s) in full: _____

Date of Birth: _____ Age: _____

If you are invited to attend for interview or to take up employment, and require special arrangements, please give details below:

Gender:

Male

Female:

Disability:

Do you consider yourself to have a disability? **Yes** **No**

Are you registered disabled? **Yes** **No**

I would describe my race or ethnic origin as (please tick appropriate box):

- | | | | | | |
|---------------|--------------------------|---------------|--------------------------|-----------------|--------------------------|
| White British | <input type="checkbox"/> | White Irish | <input type="checkbox"/> | White Other | <input type="checkbox"/> |
| Black African | <input type="checkbox"/> | Black British | <input type="checkbox"/> | Black Caribbean | <input type="checkbox"/> |
| Black Other | <input type="checkbox"/> | | | | |
| Bangladeshi | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | Other | <input type="checkbox"/> | | |

How did you find out about this vacancy?
(please give the name of the newspaper/journal/website)

I consent to the Pre-school holding the data in the equal opportunities section of this form.

Signature of applicant: _____

Date: _____