**Application for Employment**

**POSITION APPLIED FOR:**

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| **Surname:** | **Forenames:** |
| **Any previous names you have been known by and the date used until:** |
| **D.O.B.** (if no objection):  |
| **Permanent address:** | **Home telephone number:** |
| **Mobile telephone number:** |
| **E-mail:**  |
| **Please state where you saw this position advertised:** |
|  |
| **Please state how your experiences and achievements to date would make you a suitable candidate for this post:****Please continue on back of page if necessary.** |
| **Schools, colleges etc. attended after the age of 14 years:** |
| **From**  | **To**  | **Name and address of school/college/university** |
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| **Please continue on back of page if necessary.** |
| **Qualifications gained. Provide course and subject details along with levels of awards** (if available)**:** |
| **Course name and subject details** | **Date gained** | **Level gained** |
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| **Please give details of any smaller relevant courses:** |
| **Course date** | **Course name** |
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| **Employment History** (starting with present or most recent employer)**:** |
| **Name & address of employer** |  **From - To** | **Post held and main duties** | **Salary**  |
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| **Please continue on back of page if necessary.** |
| **References:** Please give names and addresses of two people who can verify or confirm your employment record; one should be your present or most recent employer. |
| **Name:****Position:****Address:****Telephone number:****E-mail address:** | **Name:****Position:****Address:****Telephone number:****E-mail address:** |
| Verification is normally sought after interview; please indicate whether your referee can be approached before interview: **YES / NO** |
| **REHABILITATION OF OFFENDERS ACT:** We are committed to safeguarding children – this post is subject to an enhanced DBS check. It is exempt from the Rehabilitation of Offenders Act 1974.**Have you ever been convicted of any criminal offence? YES / NO****If YES please give details of conviction(s) and date(s)** |
| **Health/Medical Disclosure****Please disclose any health or medical conditions that could affect your ability to carry out the role as stated in the job description.** |
| **DECLARATION:***I declare to the best of my knowledge the information I have given is correct and can be treated as part of any subsequent contract of employment.**Signature: Date:* |