**POSITION APPLIED FOR:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following information will be treated in the strictest confidence.**

(Please complete this section in BLOCK CAPITALS)

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Driving Licence: **Yes / No** Endorsements: **Yes / No**

If YES, please give further details including dates:

Are you involved in any activity which might limit your availability to work or your working hours e.g., local councillor, school governor, army reservist? **Yes / No**

If YES, please give full details:

Are you willing to work overtime and weekends if required? **Yes / No**

Please give details of any hours which you would not wish to work:

Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974?) **Yes / No**

If YES, please give full details:

If offered employment, you will be required to complete a Medical Questionnaire. Are you prepared to undergo a medical examination before starting employment? **Yes / No**

Have you ever worked for the College before? **Yes / No**

If YES, please give full details:

Have you applied for employment with the College before? **Yes / No**

Do you need a work permit to take up employment in the U.K.? **Yes / No**

**Education**

|  |  |  |  |
| --- | --- | --- | --- |
| Schools attended since age 11 | From | To | Examinations and Results |
|  |  |  |  |
| College or University | From | To | Courses and Results |
|  |  |  |  |
| Job related Training Courses  Name of Organisation | Date | Subject | |
|  |  |  | |

**Employment Details - Present or Last Employer**

Are you currently employed? **Yes / No**

|  |  |
| --- | --- |
| Name of present or last employer: |  |
| Address: |  |
| Telephone number |  |
| Nature of business |  |
| Job title & brief description of duties |  |
| Reason for leaving (if applicable) |  |
| Dates | Date started:  Date left: |
| Notice period (in current job) |  |

**Previous Employment History**

Please give details of your past employment, excluding your present or last employer, stating the most recent first (if there is insufficient space please complete on a separate sheet).

|  |  |  |  |
| --- | --- | --- | --- |
| Name and address of employer | Dates | Position held/Main duties | Reason for leaving |
|  |  |  |  |

**References**

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? **Yes / No**

|  |  |
| --- | --- |
| Name: | Name: |
| Position: | Position: |
| Address: | Address: |
|  |  |
|  |  |
| Email: | Email: |
| Tel. No: | Tel. No: |

**Please explain why you are interested in this role**

Use this space to provide further information to support your application e.g. past achievements, future aspirations, personal strengths. Please continue on a further sheet if required.

**Declaration**

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the College, for the purposes of ongoing personnel administration and payroll administration in compliance with the Data Protection Act 1998. I undertake to notify the College immediately of any changes to the above details.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_