**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:

Do you have any unspent criminal convictions, bind-overs, cautions, warnings or reprimands? (This does not include convictions under the Rehabilitation of Offenders Act 1974?) **Yes / No**

Are there any criminal proceedings currently pending against you?

**Yes / No**

If YES, please supply the following details in a sealed envelope marked ‘strictly confidential’ to the contact name detailed in the advert: nature of offence(s), date of conviction(s), penalty. This information will be held on a strictly confidential basis, in compliance with the Data Protection Act, and only discussed with the selection panel where it is relevant to the post for which you have applied.

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**

The information provided in this application form and any supporting documentation (including the equality and diversity monitoring section) is true and complete. I understand that any offer of employment may be conditional upon satisfactory screening.

I agree that any deliberate omission, falsification or misrepresentation in the application form or supporting documentation will be grounds for rejecting this application or subsequent dismissal, if employed by Ripon College Cuddesdon. This also applies to any medical questionnaire/forms I may complete.

I consent to be contacted by Ripon College Cuddesdon at any date regarding my application.

I consent to the information given in this application form and accompanying supplements being stored and processed in accordance with the Data Protection Act 1998.

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

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

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