

Position applied for:

PRIVATE AND CONFIDENTIAL APPLICATION FOR EMPLOYMENT

COMPLETING THIS APPLICATION

Please complete this form clearly. All sections should be completed in detail. CVs will be accepted, but only if submitted with a completed application form. The applicant declaration must be signed and dated for your application to be processed.

Where did you hear about the vaca	ancy?		
Have you previously worked for the College?		Yes / No	Position: Dates worked:
When would you be available to st	art?		
PERSONAL DETAILS			
Title:	Forename(s	١٠	
Surname: Address:			
Address.			
Postcode:			
Email address:			
Home telephone number:			
Mobile number:			
National Insurance Number:			
Do you have a current full clean UK driving licence? Yes / No Expiry date:			
Are you legally eligible for employment in the UK? Yes / No			
Do you have proof of eligibility to			
Please give details of any other en this position:	nployment yo	ou would conti	nue with if you were to be successful in obtaining
·			
Please provide details of any restrictions (restrictive covenants) from your current/previous employer that will affect your ability to work for the College:			
Rehabilitation of Offenders Act 19 In certain circumstances employmen	74 (Exception It is dependen	ns) Order 1975 t upon obtainin	at you may have (in accordance with the (Amendment) (England and Wales) Order 2013.). g a satisfactory report from the Disclosure and against applicants who might have a criminal history.

EMPLOYMENT HISTORY

Please provide details of your employment, beginning with the most recent. Please complete in full and use a separate sheet if necessary

Name and address of employer	Employment dates (month & year)	Job Title	Rate of pay	Reason for leaving
	From:			
	То:			
	10.			
Barrier de la Caracteria	1 201 .			
Describe the work you did and l	(ey skills			
Name and address of employer		Job Title	Rate of pay	Reason for leaving
	(month & year)			
	From:			
	To:			
Describe the work you did and l	(ev skills			
	toy onmo			
Name and address of employer	(month & year)	Job Title	Rate of pay	Reason for leaving
	From:			
	To:			
Describe the work you did and I	rov ekille			
Describe the work you did and r	tey skills			
Name and address of employer	Employment dates (month & year)	Job Title	Rate of pay	Reason for leaving
Name and address of employer		Job Title	Rate of pay	Reason for leaving
Name and address of employer	(month & year) From:	Job Title	Rate of pay	Reason for leaving
Name and address of employer	(month & year)	Job Title	Rate of pay	Reason for leaving
	(month & year) From: To:	Job Title	Rate of pay	Reason for leaving
Name and address of employer Describe the work you did and i	(month & year) From: To:	Job Title	Rate of pay	Reason for leaving
	(month & year) From: To:	Job Title	Rate of pay	Reason for leaving
	(month & year) From: To:	Job Title	Rate of pay	Reason for leaving
	(month & year) From: To:	Job Title	Rate of pay	Reason for leaving

QUALIFICATIONS AND TRAINING

Please provide details of your qualifications beginning with your most recent.

Qualification	Subject	Academic establishment
		(e.g. school, college, university)
Details of any other relevant trainin skills, languages, health & safety e	ng, professional qualifications or work retc.)	elated skills (for example computer
, c c .	,	
EXPERIENCES, SKILLS AND IN	TEDESTS	
Please detail here your reasons for th	is application, your main achievements to	date and how your knowledge, skills and
experiences meet the requirements or gained outside the context of paid em	f this role. We are happy to consider evide ployment or education. Please use a sepa	nce of transferable skills or experience rate sheet if necessary.

Updated: September 2014

REFERENCES

Please provide names, addresses and occupations of two referees, preferably both being your recent or last employers, whom we may approach with regard to your application.

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Refe	eree 1:			
Ca	n we contact before interview? Yes / No			
Foi	rename(s):	Surname:		
Occupation:		Company Name:		
Ca	pacity in which known:			
Ad	dress:			
Pos	stcode:			
Tel	l:	E-mail:		
Pofo	eree 2:			
	n we contact before interview? Yes / No			
Forename(s):		Surname:		
Ос	cupation:	Company Name:		
Ca	pacity in which known:			
Ad	dress:			
Ро	stcode:			
Tel	ı:	E-mail:		
	CLARATION se read the details below carefully before you sign the	e application		
I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.				
2.	2. Information from this application may be processed in accordance with the Data Protection Act 1998. Individuals have, on written request the right to access personal data held about them. I hereby give my consent to Wadham College processing the data supplied in this application form for the purposes of recruitment and selection.			
3.	8. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the College reserves right the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years			

thereafter and understand that information will be processed in accordance with the Data Protection Act.

the satisfaction of the College any offer of employment may be withdrawn or my employment terminated.

Signed:

4. I agree that should I be successful in this application, I will, if required, apply to the Disclosure and Barring Service (DBS) for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to

Date: