

Employment Application

POST APPLIED FOR:

PERSONAL DETAILS		
TITLE:	SURNAME:	FIRST NAME(S):
HOME ADDRESS:		CONTACT TELEPHONE NUMBERS
		HOME:
		WORK:
		MOBILE:
		E-MAIL:

EDUCATION			
SCHOOLS, COLLEGES, UNIVERSITIES ATTENDED	FROM	TO	QUALIFICATIONS GAINED (WITH GRADES)
OTHER QUALIFICATIONS/TRAINING	FROM	TO	QUALIFICATIONS GAINED (WITH GRADES)

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CURRENT EMPLOYER

CURRENT/PREVIOUS EMPLOYER (if not currently employed):

POSITION HELD:

FROM:

TO:

SALARY/WAGE:

NOTICE PERIOD:

REASON FOR LEAVING:

SUMMARY OF DUTIES AND RESPONSIBILITIES:

STATUS IN THE UK

Do you require a work permit to work in the UK?

Yes

No

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PREVIOUS EMPLOYMENT				
EMPLOYER	FROM	TO	DUTIES	REASON FOR LEAVING

HEALTH

HEALTH RECORD (employees may be required to undergo a medical examination at any time in order to determine fitness for work)

HOW MANY DAYS ABSENCE THROUGH ILLNESS HAVE YOU HAD DURING THE PAST 12 MONTHS?

IF GREATER THAN 10 DAYS, PLEASE STATE REASON:

DISABILITY

Do you have a disability as recognised under the DDA? Yes No

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If Yes, please describe

Do you have any requirements in respect to that disability which require our support at interview?

WHY DO YOU FEEL PARTICULARLY SUITED TO THIS ROLE?

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YOUR SKILLS, ATTRIBUTES AND EXPERIENCE

Please tell us why your skills, qualities and attributes meet our needs in each of the following categories. Your answer should demonstrate a situation in which you personally have had experience within the least 2 years.

TEAM WORKING SKILLS

(Your ability to work within a team and support other team members)

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PROBLEM SOLVING SKILLS

Your ability to solve a problem, describing the constraints, time pressures etc and why your approach was successful)

WHERE DID YOU HEAR ABOUT THE VACANCY?

Newspaper

Internet

Personal Contact

Other

CRIMINAL BACKGROUND DISCLOSURE

The nature of this post means that it is exempt from the Rehabilitation of Offenders Act 1974 and requires that all convictions (including spent convictions) have to be declared. The Academy is a registered body with the Criminal Records Bureau.

Disclosure of a criminal offence need not necessarily prevent you from employment. However, should you fail to disclose a criminal conviction prior to appointment, this could result in disciplinary action including dismissal. All offers of employment with the Academy are subject to a satisfactory check with Criminal Records Bureau records.

Car parking or speeding offences may be disregarded.

Have you ever been convicted of a criminal offence or subjected to a caution / reprimand / warning or bind over including any that would be regarded as "spent" under the Act in other circumstances?

Yes No

If Yes, please give details including dates and penalties:

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DECLARATION

The information contained in this form is true and accurate. If after appointment, the application is found to be misleading or inaccurate, I understand that this may lead to disciplinary action and could result in dismissal. I consent to the use of this personal data being used for recruitment and selection purposes. I am not listed as unsuitable for employment under Section 142 of the Education Act 2002, the Protection of Children Act List or subject to sanctions imposed by the DCSF or the General Teaching Council for England.

Signed:

Electronic submissions may be left unsigned.

Date:

FAMILY OR CLOSE RELATIONSHIP TO EXISTING EMPLOYEES OR

You are required to declare any family or close relationship to any existing employee or member of the Board of Directors in the box below:

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REFEREES (WHO MAY BE CONTACTED WITHOUT FURTHER	
<p>FIRST REFEREE (current or most recent employer)</p> <p>Name:</p> <p>Address:</p> <p>Postcode:</p> <p>Telephone No:</p>	<p>In what context does this person know you?</p> <p>E-mail:</p>
<p>SECOND REFEREE</p> <p>Name:</p> <p>Address:</p> <p>Postcode:</p> <p>Telephone No:</p>	<p>In what context does this person know you?</p> <p>E-mail:</p>

If you have worked with children in the past, one of your referees should be in connection with that employment.

References will not be acceptable from relatives or people writing solely as friends.

Equal Opportunities Form

This part of the application form will **NOT** be used to shortlist candidates for interview and will **NOT** be viewed by the Recruitment panel.

The School is committed to promoting equal opportunities in employment and in the delivery of our services, regardless of race, disability, gender, belief or religion, age, pregnancy and maternity, gender reassignment, marriage and civil partnership or sexual orientation. This commitment applies to all aspects of our recruitment and selection practices. Our aim is to make sure that you and other applicants for jobs at the School are not discriminated against. We also aim to make sure that you are not disadvantaged by job conditions or requirements that are not relevant.

The data collected on this form will be treated as strictly confidential and will be used for statistical purposes only. No information will be published or used in any way which allows any individual to be identified.

Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
Are you married or in a civil partnership	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Age	16 – 24 <input type="checkbox"/>	25 – 29 <input type="checkbox"/>	30 – 34 <input type="checkbox"/>
	35 – 39 <input type="checkbox"/>	40 – 44 <input type="checkbox"/>	45 – 49 <input type="checkbox"/>
	50 – 54 <input type="checkbox"/>	55 – 59 <input type="checkbox"/>	60 – 64 <input type="checkbox"/>
		65+ <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

How would you describe your ethnicity?

White

- British
- White Other background

Mixed/multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Black/African/Caribbean/Black British

- African
- Caribbean
- Any other Black/African/Caribbean background

Other ethnic group

- Arab
- Any other ethnic group

Prefer not to say

Do you consider yourself to have a disability?

- Yes
- No
- Prefer not to say

What is your sexual orientation?

- Heterosexual/straight
- Gay woman/lesbian
- Gay man
- Bisexual
- Other
- Prefer not to say

What is your religion or belief?

- No Religion
- Buddhist
- Christian
- Sikh
- Hindu
- Jewish
- Muslim
- Any other religion
- Prefer not to say