

# APPLICATION FOR EMPLOYMENT



## PRIVATE AND CONFIDENTIAL

Return this form to: Yvonne Goodgame, New College, Holywell Street, Oxford, OX1 3BN

### POSITION APPLIED FOR -

Surname	Forename(s)	Title
Address:		
Postcode	Telephone number: Mobile number:	
NI No.	E-Mail address:	
Current driving licence?      Yes/No Expiry Date:	Details of endorsements	
Are there any restrictions on you taking up employment in the UK?    Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please provide details)		

## EDUCATION HISTORY

Schools	Qualifications gained and date achieved
Colleges/Universities	Qualifications gained and date achieved
Other training - details and dates achieved	



## REFERENCES

Please note here the names and addresses of two persons from whom the College may obtain both character and work experience references.

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## LEISURE

Please note here your leisure interests, sports and hobbies, other pastimes etc.

## CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.

## GENERAL COMMENTS

Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the person specification).

## DECLARATION (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give the College the right to terminate any employment contract offered.
2. I agree that the College reserves the right to require me to undergo a medical examination. (Should the College require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires it to inform you of its intention and obtain your permission prior to contacting your doctor). 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.
3. I agree that should I be successful in this application I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the College, any offer of employment may be withdrawn or my employment terminated.

Signed: .....

Date: .....

Please use this place to provide any additional information to support your application

