**APPLICATION FOR EMPLOYMENT**

***Please Return to:*** *Head of Human Resources, 55a Richmond Road, Worthing, BN11 4AG*

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| **Position Applied for** |  |

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| **PERSONAL DETAILS** | | | | | |
| **Forename** |  | | **Surname** | |  |
| **Present address** |  | | | | |
| **Postcode** |  | **Date of residing at present address** | |  | |
| **Email Address** |  | | | | |
| **Contact number/s** |  | | | | |

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| **EMPLOYMENT HISTORY**  *Please provide a complete history with no gaps. Start with the most recent.*  *Use a separate sheet if required.* | | | | | | | |
| **Employer** | **Position held** | | **Employed from-to** *(DD/MM/YY)* | | **Salary** | **Reason for leaving** | |
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| **EDUCATION** | | | | | | | |
| **School** | | **Subjects studied** | | **Qualification** | | | **Attended from-to** *(DD/MM/YY)* |
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| **FURTHER EDUCATION** | | | |
| **College/University** | **Course/Degree** | **Qualification** | **Attended from-to** *(DD/MM/YY)* |
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| **VOCATIONAL / WORK BASED TRAINING** | | |
| **Course studied** | **Qualification** | **Attended from-to** *(DD/MM/YY)* |
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| **TO BE COMPLETED BY NON-E C NATIONALS ONLY**  *Circle as applicable* | |
| **Do you require a work permit?** | **YES / NO**  *If yes, please enclose a copy* |

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| **ADDRESS HISTORY**  *Please provide a complete five year history with no gaps. Start with the most recent.*  *Use a separate sheet if required.* | | | |
| 1. **Address** |  | | |
| **Postcode** |  | **Dates from-to**  *(DD/MM/YY)* |  |
| 1. **Address** |  | | |
| **Postcode** |  | **Dates from-to**  *(DD/MM/YY)* |  |
| 1. **Address** |  | | |
| **Postcode** |  | **Dates from-to**  *(DD/MM/YY)* |  |
| 1. **Address** |  | | |
| **Postcode** |  | **Dates from-to**  *(DD/MM/YY)* |  |

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| **REFERENCES**  *Please provide details of two referees who may be contacted. It is our policy not to approach current employers until an offer has been made.* | | | |
| **Reference 1 – Your current / most recent employer** | | | |
| **Name of referee** |  | | |
| **Position of referee** |  | | |
| **Company name and address** |  | | |
| **Postcode** |  | **Telephone** |  |
| **Email** |  | | |
| **Reference 2 – Professional Previous Employer** | | | |
| **Name of referee** |  | | |
| **Position of referee** |  | | |
| **Company name and address** |  | | |
| **Postcode** |  | **Telephone** |  |
| **Email** |  | | |

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| **REFERENCES Contd**  *Please provide details of two referees who may be contacted. It is our policy not to approach current employers until an offer has been made.* | | | |
| **Reference 3 – Professional person known to you for at least two years** | | | |
| **Name of referee** |  | | |
| **Position of referee** |  | | |
| **In what capacity are they known to you** |  | | |
| **Company name and address** |  | | |
| **Postcode** |  | **Telephone** |  |
| **Email** |  | | |

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| **SUPPORTING INFORMATION**  *Please refer to the job description and person specification supplied. Continue on a separate sheet if required.* | |
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| **REHABILITATION OF OFFENDERS ACT 1974** | |
| The post for which you are applying carries exempt status under the provision of the Act regarding ‘spent’ convictions.  ***You are therefore required to declare any convictions (including bind-overs and cautions you have had regardless of whether or not the time limit has elapsed).*** | |
| **Have you ever been convicted of a criminal offence?** | **YES / NO**  *If yes, please provide details* |
| **Are there any alleged offences outstanding against you?** | **YES / NO**  *If yes, please provide details* |

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| **DECLARATION**  *Please read this carefully before signing this application* | | | |
| I confirm that the information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.  I agree that the organisation reserves the right to require me to undergo a medical examination after offer of employment. (Should we require further information and wish to contact your doctor with the 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 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.  I agree that should I be successful in this application that Child First Ltd will apply to the criminal Records Bureau for an enhanced disclosure to be obtained. I understand that should the disclosure not be to the satisfaction to the company any offer of employment will be terminated. | | | |
| **Signature** |  | **Date** |  |