

## **Employee Application Form**

Post Applied For						
_						
Where did you see this vacancy advertised?						
Surname			First r	name		
Address						
			ijΪ			
Post Code			-			
Email address						
Home Phone No				Mobile Pho	ne No	
ı						
Qualifications Please detail all qualifications successful job applications checks being carried of	ate and VOII	may be asked at a	later stac	ie in the rectu	Illient proce	33 for your corrective
Qualification		Where Gaine	ed	Da	te	Please list specific grade achieved

Career History  Please give details of your previous en	nplovment history starting with the	most recent
1st Employer & Address	, , , , , , , , , , , , , , , , , , ,	
Job Title	Salary	£
Summarise the nature of your work and	d job responsibilities/achievements	(if relevant)
		•
Date Joined Company	Date Left	
Reason for Leaving		
2 <sup>nd</sup> Employer & Address		
Job Title	Salary	£
Summarise the nature of your work and	job responsibilities/achievements	(if relevant)
Date Joined Company	Data Late	
Reason for Leaving	Date Left	
3 <sup>rd</sup> Employer & Address		
Job Title	Salary	£
Summarise the nature of your work and	job responsibilities/achievements	(if relevant)
Date Joined Company		
	Date Left	
Reason for Leaving		

RELEVANT EXPERIENCE – Must be completed.  Please state relevant experience, giving examples to each this section <u>must</u> be completed in writing).	ch. (A CV can also accompa	ny this Application Form but
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OTHER DETAILS							
What is the notice required in	your present p	oost?					
is your present post your sole	∍ regular emplo	yment?	Yes		No		
Are you a British subject or a	national of any	EU country?					
If not, do you have the right to	work in the UI	K and a currer	nt work pe	ermit?			
If so, please state the expiry d	late of your righ	nt to work in ti	ne UK and	d/or you	r work pe	rmit.	
DISABILITIES  Do you require any special arra disability?  If "yes", please give brief deta other information that you fee [Interview/assessment test] ar	Yes ils of the effect	No s of your disa	bility on y	your day	-to-day a	ectivities	
CONVICTIONS  Have you ever been convicted convictions. As this post is on 1975 both spent and unspent c	ie covered by th	he Rehabilitati	on of Off	/e detail: enders /	s of any u Act 1974 (l	nspent Exceptio	ns) Order

SENERAL II	NFORMATION write on a separ	- Is there any cate sheet)	other information you would	like to add	about yoursell? (you may
REFEREES Please sub of which m	mit 2 referees ( ust be a previo	(who can comn ous employer:	nent on your suitability to	o work with	young children) 1
lame:					
Address					
Post Code			Telephone Nun	nber	
Email					
Name			terview / recruitment?		
Address					
				<u> </u>	
Post Code			Telephone Num	ber	
Email				_	
May this re	eference be tak	en up before ir	nterview / recruitment?	Yes / I	No
DECLARAT	TION				
DECEDITA					o satisfactory medical
1.	l acknowledge	e that an appo m currently in go	intment, if offered, will b ood health.	e subject t	•
	I acknowledge clearance. I ar I declare that I	n currently in go have not receiv	ood health. ved any caution, warning, t	een reprima	anded for any offences
1. 2.	I acknowledge clearance. I at I declare that I or been convic provisions of th	m currently in go have not receiv sted of any crim ne Rehabilitation	ood health. ved any caution, warning, t inal offence spent or othe n of Offenders Act)	peen reprima rwise (the p	anded for any offences ost is exempt from the
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<ol> <li>2.</li> <li>3.</li> </ol>	I acknowledge clearance. I ar I declare that I or been convice provisions of the I declare that appointment a lead to dismiss I hereby agree it. I understan	m currently in go have not received of any crime he Rehabilitation the information ny False, income al. e to you seeking that I may rev	ood health.  yed any caution, warning, be inal offence spent or other of Offenders Act) on given on this form is aplete or misleading staten of the confidential reference.	peen reprimarwise (the percept and correct	anded for any offences ost is exempt from the dunderstand that on liberate omissions may

		FOR OFFICE USE	
Shortlist / Decline	with reason		
Date of interview			
Panel members		v ganagan	
Decision with reas	son		
Vacancy		(Qualified/Unqualified)	FFN
Rate per hour	£	Commencement Date	
Hours per week			

## Keeping Children Safe Declaration Form



Name:	D
Nume.	Position:
Address:	Setting:
Is there anything in your name to	
Is there anything in your personal circumstances children?	that could affect your suitability to work with
Ciliaretti	
Yes/No	
Have any orders or restrictions related to childca	ro boon mode in many 1. 6
The day of delia of restrictions related to childca	re been made in respect of you?
Yes/No	
103/110	
Have any orders or restrictions related to child ca	re been made in respect of a child in your care?
Yes/No	
Have your and the hard	
Have you committed any criminal offence or had	any of the following:-
convictions, cautions, court order, reprimands or	warnings?
Yes/No	
If you have answered VES for any of the all	
If you have answered YES for any of the above que	estions you should provide details below.
(Attach a separate sheet if required)	
Declaration	
I confirm that the information provided is true to t	ha hada f
- Lunderstand my responsibilities to sefer	ne best of my knowledge and that:
- I understand my responsibilities to safegua	ard children
- I understand that I must notify my manage	er immediately of anything that affects my
suitability to work with children.	
Signed	
Print name	
· ·····c riaille	Date