



VACANCY DETAILS

Position applied for	
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PERSONAL DETAILS

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:
Surname	
Previous Surname	
Forenames	
Preferred Forename	
Address Postcode	

CONTACT DETAILS

Email address		
Telephone	Home	
	Work	
	Mobile	

ELIGIBILITY TO WORK IN THE UK

National Insurance No.	
Do you have the right to work in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are not a British National or the holder of an EU or EEA passport, please indicate in what capacity you are residing in the UK	

CURRENT/MOST RECENT EMPLOYMENT

Employer's Name			
Employer's Address Postcode			
Position Held			
Current Salary	£		
Grade	Grade		Spinal Column Point
Date Appointed			



EMPLOYMENT APPLICATION FORM

Notice Period	
Reason for Leaving	
Can we contact you at work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Main duties	



EMPLOYMENT APPLICATION FORM

PREVIOUS EMPLOYMENT HISTORY (MOST RECENT FIRST) - *Please explain any gaps in your employment history. We reserve the right to obtain references or to contact previous employers in addition to your named referees. Please indicate as appropriate that you give consent for additional references to be obtained if necessary.

Employer's Name		Position Held	
Employment commenced		Employment end date	
Full or Part-Time	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Reason for Leaving	
Responsibilities			
I consent to the school obtaining a reference from the information provided above, should it be necessary			Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer's Name		Position Held	
Employment commenced		Employment end date	
Full or Part-Time	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Reason for Leaving	
Responsibilities			
I consent to the school obtaining a reference from the information provided above, should it be necessary			Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer's Name		Position Held	
Employment commenced		Employment end date	
Full or Part-Time	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Reason for Leaving	
Responsibilities			
Reason for leaving			
I consent to the school obtaining a reference from the information provided above, should it be necessary			Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer's Name		Position Held	
Employment commenced		Employment end date	
Full or Part-Time	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Reason for Leaving	
Responsibilities			



EMPLOYMENT APPLICATION FORM

I consent to the school obtaining a reference from the information provided above, should it be necessary

Yes
No

Please tick here if continuing on a separate sheet

*** GAPS IN EMPLOYMENT HISTORY:** *Please detail below any periods of time when you have not been employed since leaving secondary education.*

Date From (Month/Year)	Date to (Month/Year)	Reason

Please tick here if continuing on a separate sheet



EMPLOYMENT APPLICATION FORM

REFERENCES

Referees named below must be your current (most recent) and previous employer. If you have not previously been employed, or are returning to work after a substantial career break and are unable to provide previous employment references, please provide alternatives, e.g. the name of your course Tutor/Headteacher or a suitable professional. It is our policy to contact referees prior to interview. If you do not wish us to contact the referee prior to interview please enter 'X' in the box applicable below.

Current (Most Recent) Employer	I do not wish you to contact this referee prior to interview <input type="checkbox"/>
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:
First Name	
Surname	
Organisation	
Address	
Telephone Number	
Email address	

Previous Employer	I do not wish you to contact this referee prior to interview <input type="checkbox"/>
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:
First Name	
Surname	
Organisation	
Address	
Telephone Number	
Email address	



EMPLOYMENT APPLICATION FORM

SUPPORTING STATEMENT

The information you provide in this section will be used in assessing your application and will determine whether you are shortlisted for interview. Please use this space to state how your skills, experience and training enable you to meet the requirements for the role for which you are applying for. Please refer to the criteria outlined in the person specification and respond in the order that each criteria point appears.



St Edward's
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EMPLOYMENT APPLICATION FORM



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EDUCATION, QUALIFICATIONS AND PROFESSIONAL MEMBERSHIPS

Please note, if shortlisted for interview you will be required to provide proof of your qualifications and memberships.

Qualifications, Short Courses and Training

Date	School/College/University/Awarding Body	Qualifications Achieved

All forms of canvassing will automatically disqualify candidates from appointment e.g. you must not ask a School Governor or an employee of St Edward's School to use their influence to help you get a job.

If selected for interview, you must, at that stage, make known any personal or business relationship which may conflict with the role applied for.

Are you related to a School Governor or employee of St Edward's School? Yes No

If 'yes', please provide	Name:
	Relationship:
If selected for interview would you prefer to be contacted by:	Phone <input type="checkbox"/> Email <input type="checkbox"/>

DATA PROTECTION LEGISLATION

The information you have provided will be held in compliance with the Data Protection Regulations 2018. If you have previous Local Government service or other service which counts as continuous, St Edwards School will seek confirmation from your last Authority of your date of employment for continuous service purposes in the event of you being offered the post. The School will also seek details of the number of day's sickness absence (not reasons) in the last 12 months for the purposes of administering the Local Government Sick Pay Scheme. You are deemed to have given your consent by signing this application form.



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EMPLOYMENT APPLICATION FORM



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DECLARATION

I declare that the information I have provided on this application form is full, accurate and complete. I understand that if I provide false information or fail to provide full complete and accurate information, this may lead to the decision that my application cannot be considered any further, the withdrawal of the offer of employment or, to my dismissal, if I have been appointed. Any offer of employment is subject to receipt of satisfactory references, medical assessment and Disclosure Barring Service checks, where applicable.

Signature:

Date:

EQUAL OPPORTUNITIES

St Edward's School will seek to ensure that all existing and potential employees are given equal opportunities. We are committed to the elimination of unlawful or unfair discrimination and will seek to ensure that no applicant for employment is disadvantaged by conditions or requirements which cannot be justified. In order to help the School, monitor the effectiveness of its Equal Opportunities Policy you are asked to provide the information requested below. This information is confidential and does not form part of your application. This slip will be detached from your application form upon receipt and the information will not be taken into account when shortlisting or making the appointment. If you are successful at interview and take up employment with the School, the equal opportunities information you have provided will form part of your employment record and will be held and maintained in accordance with the Data Protection Act 1998.

Name	
Date of Birth	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Position Applied for	
School	St Edward's School

Disability – For more information, please contact the Equality and Human Rights Commission Helpline on 0808 800 0082

Do you consider yourself to have a disability under the Equality Act 2010? A disability is defined as a 'physical or mental impairment which has substantial and long term adverse effects on the ability to carry out normal day to day activities.'	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
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EMPLOYMENT APPLICATION FORM

Nationality	
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Ethnic Origin	White	British Irish	<input type="checkbox"/> <input type="checkbox"/>
	Mixed	White and Black Caribbean White and Black African White and Asian Any other Mixed background	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Asian or Asian British	Indian Pakistani Bangladeshi Any other Asian background	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Black or Black British	Caribbean African Any other Black background	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Other Ethnic Group	Chinese Any other Ethnic group	<input type="checkbox"/> <input type="checkbox"/>

Sexual Orientation	Heterosexual	<input type="checkbox"/>
	Bisexual	<input type="checkbox"/>
	Gay/Lesbian	<input type="checkbox"/>
	Prefer not to say	<input type="checkbox"/>

Religion and Belief					
Church of England	<input type="checkbox"/>	Catholic	<input type="checkbox"/>	Other	<input type="checkbox"/>

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