



Haswell Children's Centre, 15 Church Street, Haswell, Durham, DH6 2DZ
Tel: 0191 517 1013

Employment Application Form

Please complete in black ink

Application for the post of:	
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Please do not enclose a CV as it will not be considered

Surname <i>block letters</i> :	Title: Mr, <input type="checkbox"/> Mrs, <input type="checkbox"/> Miss, <input type="checkbox"/> Ms <input type="checkbox"/> other
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Forename(s) <i>block letters</i> :	Nationality:
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Date of Birth:	National insurance number:
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Address if this is a temporary address, please also give your usual home address:

Post Code:

Contact telephone numbers and times available:	Home:
	Work:
	Mobile:
Email address:	

Please specify what hours you wish to work by ticking one of the following:	(a) full time	<input type="checkbox"/>
	(b) part time (please state hours)	<input type="checkbox"/>
	(c) either	<input type="checkbox"/>

Disability

Applications from disabled candidates are welcomed and the Company will make every effort to ensure a fair selection process.

Please identify any special requirements or equipment which may assist you in the recruitment process

Work permits

Do you need a work permit to undertake full or part-time work in the UK?

Yes**No**

Which visa do you hold?

When does this visa expire?

Referees

Please give names of two people who we can ask for a reference. If you are in, or have just completed, full-time education one referee should be from your school/college.

If you are in employment, one referee must be your present employer.

If you are unemployed, one referee must be your last employer.

References will only be taken up at the stage of a conditional job offer

1

Name

Position

Relationship

Address

Telephone number:

E-mail address:

2

Name

Position

Relationship

Address

Telephone number:

E-mail address:

Partners or relatives of Directors/Senior Managers

To ensure fairness, canvassing or failure to provide this information will result in our not considering your application

Are you related to or do you have a current personal relationship with any Director or Senior Manager of the Company?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please state the name of the relative or partner and the position held				

**Rehabilitation of Offenders Act 1974
Disclosure of Previous Convictions**

- For posts that are exempt from the Rehabilitation of Offenders Act 1974 you must tell us about any convictions you may have, even if they are considered to be 'spent' under this act.
- Any offer of employment will be subject to a criminal record check from the Disclosure and Barring Service (DBS) before we confirm the appointment. This record check will include details of cautions, reprimands or final warnings, as well as convictions.

We will keep in strict confidence any information we receive from the DBS and we will store it securely.

A criminal record will not affect your chances for a post unless it makes you unsuitable for appointment. In making this decision, we will consider the nature of the offence, how long ago and what age you were when it was committed, and any other relevant factors, including the Company's policies.

Details of any previous convictions

You must include: (a) nature of offence, (b) date committed, (c) any other relevant factors

Please continue on a separate sheet if necessary

Present employment or last employment if you are not currently employed	
Name of employer:	
Address of employer:	
Position held:	
Salary:	Grade:
Date employed from:	Date employed to:
Period of notice required:	

Sickness (in days) within the last 2 years:

Main duties and responsibilities:

Continue on a separate sheet if necessary

Previous employment/work/voluntary experience: most recent first			
Name and address of employer	Position held	From	To

Education and training
Please list all qualifications you have achieved: most recent first

Subject /Course e.g. ICT, English, Maths etc.	Level e.g. GCSE, NVQ, Degree etc.	Grade	Year Qualification Achieved	Awarding Body e.g. RSA, City & Guilds, etc.

Education and qualifications you are working towards				
Subject /Course	Level	Grade	Expected Date of Completion	Awarding Body

Membership of professional bodies	Level of membership	Year obtained

Other training / courses attended	Details of course	Date completed

Relevant skills and experience that you would bring to this job

Please use this page to show how your experience, skills and abilities are relevant to the post. Remember to include any experience you have gained in community or voluntary work, as well as previous or present employment.

Relevant skills and experience that you would bring to this job (Continued)

Please do not include CVs

If you need more space, please attach a separate sheet(s) of paper.

Please make sure that on each page you write:

(a) Your Full Name (b) Job title

I declare that the information in this form is true. I understand that false information may make me liable for dismissal if I am appointed.

Signature:

Date: