



APPLICATION FOR EMPLOYMENT

Position Applied For:

Personal Details

Surname:	Forenames:
Address:	
	Post Code:
	Tel:
DfEE Ref No:	National Insurance No:

Education & Training:

Please list school, college, university etc attended with full details of public exams and qualifications obtained.

Name of Establishment	Qualifications obtained, detailing subjects and grades

Additional qualifications or membership of professional institutions (to include dates)

Employment Details

Present Employer:

Current Salary:

Date Appointed:

Grade:.....

Job Title:

Subject Taught and Responsibilities:

Period of Notice Required:

Previous Teaching and Employment (*most recent first*)

School/College	Number on Roll	From	To	Status of Post, Responsibilities subjects and age groups taught	Reason for Leaving

You are invited to provide further information in support of your Application. Include details of any short training courses attended. (Continue on a separate sheet if necessary).

Employment Checks Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975.

Because the employment for which you are applying, with the privileged access it gives to children, is exempt under the terms of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975, it will be necessary, in the event of you being appointed, for St Vincent College to check with the Criminal Records Bureau as to whether you have a criminal record and your signature at the end of this form will be regarded as signifying your agreement that this may be done. To assist in this process please provide the following information:

Have you been cautioned or convicted of any criminal offences? YES/NO

If YES, please give details of the caution/conviction(s) and the date(s) on a separate sheet and attach it to this form.

.....

Confidential References

Are you willing for your referees to be contacted before interview? YES / NO

Names, addresses and status of two referees (one of whom must be your present employer)

1. 2.

Tel: Tel:
.....

Where did you see this vacancy advertised? _____

Please state whether to the best of your knowledge, you are related to a Governor or senior employee of St Vincent College (*please give name of person and relationship*).

Have you previously applied for a position at St Vincent College? YES/NO

If YES, please give details: _____

.....

I understand that if I am appointed, personal information about me will be computerised for administrative purposes, including analysis for management purposes and statutory returns. I confirm that the information given on this form is correct and complete to the best of my knowledge. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

Signature:..... Date:.....

Please return this form to:

Personnel Department, St Vincent College, Mill Lane, Gosport, PO12 4QA



EQUAL OPPORTUNITIES FOR STAFFING AND EMPLOYMENT

St. Vincent College is an Equal Opportunities Employer and will endeavour to treat all job applicants and staff equally, regardless of their gender, sexual orientation, age, race, ethnic origin or disability.

In order to fulfil the College's commitment to ensuring equality of opportunity, applicants are requested to complete the information below. Please note that this information will be treated as strictly confidential, will be used for statistical purposes only and not made available to the interview panel.

Position Applied For: Date:

Sex (please tick the appropriate box) Male [] Female []

Date of Birth

Ethnic Origin (please tick the appropriate category)

White

British []
Irish []
Other White []

Mixed

White and Black Caribbean []
White and Black African []
White and Asian []
Other Mixed []

Asian or Asian British

Indian []
Pakistani []
Bangladeshi []
Other Asian []

Black or Black British

Black Caribbean []
Black African []
Other Black []

Chinese or Other Ethnic Group

Chinese []
Other Ethnic Group []

Thank you for your co-operation



APPLICATION FOR EMPLOYMENT - MEDICAL DECLARATION

Full Name _____

Address _____

Applicant for Employment As _____

Please complete the questions below. If you are short-listed for this post, it may be necessary for you to fill in a more extensive medical questionnaire. You are obliged to declare all relevant information and if you knowingly fail to do so, you may disqualify yourself from employment.

1. Have you suffered from any major illness/injury within the last 5 years?

YES / NO

If yes, please give details _____

2. Are you currently receiving or have you received in the last twelve months treatment from a doctor or other medical practitioner?

YES / NO

If yes, please give details _____

3. How many working days have you lost through illness in the last two years

_____ days.

4. The Disability and Discrimination Act (1995) defines a disabled person as: “a person who has, or has had in the past, a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities”

Under this definition, do you consider yourself to be disabled? YES / NO

If yes, what equipment / adjustments would assist you in your workplace?

I declare that the above information is accurate and to the best of my knowledge.

Signed: _____ Date: _____