## Application for Employment

Private & Confidential

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| Personal Information |
| Name:       | Date of Birth:       |
| Home Address:       |
| Town:       | County:       | Postcode:       |
| Home Phone:       | Mobile Phone:       |
| Sex: Male [ ]  Female [ ]  | Email Address:       |
| N I Number:       | Nationality:       |
| Do you need a work permit? | Yes [ ]  No [ ]  | Place of Birth:       |
| Are you Registered Disabled? | Yes [ ]  No [ ]  | Registration Number:       |

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| Position You Are Applying For |
| Title:       | Date You Can Start:       |
| How did this vacancy first come to your notice:       |

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| Education Record |
| Secondary School (Name, Town, County):       |
| Start Date:       | Leaving Date:       |
| Subjects Studied  | Level | Grade  | Subjects Studied  | Level | Grade  |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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|       |       |       |       |       |       |
| College of Higher Education (Name, Town, County):       |
| Start Date:       | Leaving Date:       |
| Subjects Studied  | Level | Grade  | Subjects Studied  | Level | Grade  |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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| Professional Training Organisation (Name, Town, County):       |
| Start Date:       | Leaving Date:       |
| Subjects Studied  | Level | Grade  | Subjects Studied  | Level | Grade  |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| Training List here any additional short courses relevant to the post for which you are applying |
| Training Provider | Date | Subject | Training Provider  | Date | Subject |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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| Work History Give information about your last 3 jobs, starting with the most recent |
| 1st Employer:       | Dates Employed From:       | To:       |
| Address:       |
| Town:       | County:       | Post Code:       |
| Phone:       | Salary on leaving:       |
| Job Title | Duties |
|       |       |
| Reason for Leaving:       |

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| 2nd Employer:       | Dates Employed From:       | To:       |
| Address:       |
| Town:       | County:       | Post Code:       |
| Phone:       | Salary on leaving:       |
| Job Title | Duties |
|       |       |
| Reason for Leaving:       |
| 3rd Employer:       | Dates Employed From:       | To:       |
| Address:       |
| Town:       | County:       | Post Code:       |
| Phone:       | Salary on leaving:       |
| Job Title | Duties |
|       |       |
| Reason for Leaving:       |

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| Business References If applying for your first job, you may use academic references |
| Name:       | Title: (Mr [ ]  Mrs [ ]  Miss [ ]  Dr [ ]  Other [ ] ) |
| Address:       |
| Town:       | County:       | Post Code:       |
| Work Phone:       | Email address:       |
| Relationship to You:       |
| Name:       | Title: (Mr [ ]  Mrs [ ]  Miss [ ]  Dr [ ]  Other [ ] ) |
| Address:       |
| Town:       | County:       | Post Code:       |
| Work Phone:       | Email address:       |
| Relationship to You:       |
| Name:       | Title: (Mr [ ]  Mrs [ ]  Miss [ ]  Dr [ ]  Other [ ] ) |
| Address:       |
| Town:       | County:       | Post Code:       |
| Work Phone:       | Email address:       |
| Relationship to You:       |

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| Leisure Interests List interests, membership of any clubs, teams, societies or professional organisations including any position of responsibility held outside your work |
|       |
| Additional Information In this section we need you to answer some specific questions |
| 1. Do you suffer, or have you ever suffered, from any medical condition?

*(Smisby Day Nursery Limited has a duty of care to ensure that ALL staff are capable of looking after children, and their performance is not impaired by the influence of prescription medication. This is covered under the Statutory Framework for the Early Years Foundation Stage (2017) under section 3.19 (Staff taking medication/other substances). Therefore, should staff be prescribed medication by a Doctor, they MUST inform the Nursery of the details of the medication and sign to say they have checked with their Doctor that they are safe to work with children by completing the Staff Medication Form)* | Yes [ ]  No [ ]  |
| 2 Have you ever had any criminal convictions, (this includes driving convictions), employment records or disciplinary actions reported to Ofsted that would automatically be disclosed to us under the rules of an enhanced DBS check? | Yes [ ]  No [ ]  |
| 3 Have you been the subject of any order, civil or criminal, made by a court of law that would be disclosed under the rules of an enhanced DBS check? | Yes [ ]  No [ ]  |
| 4 Have you previously applied for any position with Smisby Day Nursery? | Yes [ ]  No [ ]  |
| 5 Are you a member of any Professional Body or do you hold any other qualifications other than those achieved by examination? | Yes [ ]  No [ ]  |
| 6 Are you a member of a company or private Pension Scheme? | Yes [ ]  No [ ]  |
| **If you have answered YES to any of the above questions then please give full details in the box below** |
|       |
| 6 Are you prepared to undergo a medical examination if required? | Yes [ ]  No [ ]  |
| 7 Do you hold a current driving licence? | Yes [ ]  No [ ]  |
| 8 Do you have regular use of a vehicle and are you prepared to use this if required for work? | Yes [ ]  No [ ]  |
| 9 What notice is required to terminate your present employment? |
| **Please Read carefully before signing**I certify that to the best of my knowledge the information given in this application is factually correct.I do not have, in so far as I am aware, any pre-existing or recurrent condition which may affect my ability to carry out my duties under the role advertised/offered and in the event that any such condition becomes apparent to me or is medically diagnosed, I agree to inform Smisby Day Nursery Immediately.I understand that as part of this application I will be required to submit to an Enhanced Criminal Records Bureau check and that the post is exempt from the provisions of the Rehabilitation of Offenders Act.I understand that any false or missing information that should have been declared on this form may, in the event of employment, result in dismissal, disciplinary action or legal action by Smisby Day Nursery Limited.I have not knowingly withheld information that may be to the detriment of the company in the event of employment.I give consent for Smisby Day Nursery Limited to take up references at any time during this application.I agree that any information contained in this form may be confirmed in whatever manner the company considers necessary if I accept a conditional offer of employment by Smisby Day Nursery Limited.I understand that no offer or contract exists between the Smisby Day Nursery Limited and myself until such offer is made in writing and that such offer may be conditional. |
| **Signature:** | **Date:**       |

Notes:

1. Canvassing by or on behalf of an applicant whether directly or indirectly is forbidden
2. Please do not submit additional documents with this application form unless specifically requested
3. Any personal data entered on this form may be held on a computer in confidence and in compliance with GDPR Regulations