



Application for Employment

Private & Confidential

Personal Information			
Name:			Date of Birth:
Home Address:			
Town:		County:	Postcode:
Home Phone:		Mobile Phone:	
Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Email Address:
N I Number:		Nationality:	
Do you need a work permit?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Place of Birth:
Are you Registered Disabled?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Registration Number:

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

Education Record					
Secondary School (Name, Town, County):					
Start Date:			Leaving Date:		
Subjects Studied	Level	Grade	Subjects Studied	Level	Grade
College of Higher Education (Name, Town, County):					
Start Date:			Leaving Date:		
Subjects Studied	Level	Grade	Subjects Studied	Level	Grade

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

Work History			Give information about your last 3 jobs, starting with the most recent		
1 st Employer:		Dates Employed From:		To:	
Address:					
Town:		County:		Post Code:	
Phone:		Salary on leaving:			
Job Title		Duties			
Reason for Leaving:					

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

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

Business References		If applying for your first job, you may use academic references	
Name:	Title: (Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>)		
Address:			
Town:	County:	Post Code:	
Work Phone:	Email address:		
Relationship to You:			
Name:	Title: (Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>)		
Address:			
Town:	County:	Post Code:	
Work Phone:	Email address:		
Relationship to You:			
Name:	Title: (Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>)		
Address:			
Town:	County:	Post Code:	
Work Phone:	Email address:		
Relationship to You:			

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? <i>(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)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
4	Have you previously applied for any position with Smisby Day Nursery?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Are you a member of any Professional Body or do you hold any other qualifications other than those achieved by examination?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Are you a member of a company or private Pension Scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered YES to any of the above questions then please give full details in the box below

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6	Are you prepared to undergo a medical examination if required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Do you hold a current driving licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Do you have regular use of a vehicle and are you prepared to use this if required for work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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:**

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