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# Application Form for Employment

* Please complete all sections on this form.
* If any sections do not apply to you, please enter ‘not applicable or ‘n/a’.
* The information provided will be considered by the Selection Panel who will decide whether you proceed to the next stage of the selection process.

### Personal details

|  |
| --- |
| Post you are applying for: Enter text |
| Title: Enter text | First name(s): Enter text | Surname: Enter text |
| Preferred first name: Enter text | Former Surnames: Enter text e.g. maiden name |
| Your nationality at birth: Enter text | Your nationality: Enter text |
| Home address: Enter text | Previous Address (if you have moved in the past 5 years): Enter text |
| Mobile number: Enter No. | Home phone number: Enter No. |
| Personal email address: Enter text |
| National Insurance No: Enter No. | Next of Kin: Enter name, address and daytime telephone number. |
| Do you have a driving licence? :(If yes, please have your driving licence available at interview) | Select |
| Are you a car owner? : Select |

### Current or most recent employment

|  |
| --- |
| Name of Employer: Enter text |
| Address: Enter text |
| Telephone: Enter No. | Position held: Enter text |
| Contact email address: Enter text |
| Current or final salary: Enter text |
| Date appointed: DD/MM/YYYY | Date left: DD/MM/YYYY |
| Why did you (or are planning to) leave this position? : Enter text |
| If still employed, what notice are you required to give? :Enter text |
| Please briefly outline your duties in this position: Enter text |

### Previous appointments

Please supply a full history in chronological order with start and end dates (most recent first) of all training/further education, employment, self-employment and any periods of unemployment since leaving secondary education. Provide where appropriate explanations for any periods not in employment, self-employment or further education/training and in each case any reasons for leaving employment.

| Employer | Position held & brief outline of duties | Dates employed | Final salary & reason for leaving |
| --- | --- | --- | --- |
| Enter text | Enter text | Enter text | Enter text |
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### Academic/Vocational Qualifications

Please give details of all secondary education, including dates attended, courses and examinations taken.

| Institution attended | Qualification type | Subject | Result (if appropriate) | Year of award |
| --- | --- | --- | --- | --- |
| Enter text | Enter text | Enter text | Enter text | Enter text |
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### Further education

Please give details of courses undertaken/qualifications gained and be prepared to provide evidence of qualifications, if called for interview.

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| --- |
| Enter text |

### Interests, hobbies & sports

Please give details of anything relevant.

|  |
| --- |
| Enter text |

### Existing contacts within the College or Trust

Please indicate if you know any existing Oak Hill employees, members of the College Council or trustees of the College or the Kingham Hill Trust, and if so how you know them.

|  |
| --- |
| Enter text |

### Health

|  |
| --- |
| Do you have any disabilities which may affect your application?: Select |
| **If yes**, please describe said disabilities:Enter text |
| **If yes**, please describe any reasonable adjustments which could be made to the recruitment process to assist you in your application for the job:Enter text |

|  |
| --- |
| The appointment may be subject to a medical examination. Do you understand and accept this condition? Select |

### Why are you applying for this post?

|  |
| --- |
| Enter text |

### Information to support your application

Please ensure that you have read and understand the Job Description and explain how you feel your experience, qualifications, training and personal qualities fulfil the role, giving examples where possible.

|  |
| --- |
| Enter text |

### References

Please provide at least two referees. One referee should be your current or most recent employer. Please note, references will not be accepted from relatives or from referees writing solely in the capacity of friends.

|  |  |
| --- | --- |
| Contact 1 | Contact 2 |
| Name: Enter text | Name: Enter text |
| Relationship to you: Enter text | Relationship to you: Enter text |
| Phone number(s): Enter text | Phone number(s): Enter text |
| Email address: Enter text | Email address: Enter text |
| Address:Enter text | Address:Enter text |
| May this referee be approached prior to an interview being offered? Select | May this referee be approached prior to an interview being offered? Select |

### Declaration

I declare that, to the best of my knowledge, the information I have given is true and complete

I understand that I may be responsible for the expenses of any medical examination or report which may be required.

I agree that the College may share this information internally with those who may be directly supporting me. I agree to advise you of any changes to the information I have provided.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s signature: | Enter name |  Date: | Select date |

*By typing your name on the line above, you are giving a digital signature.*