



Holy Trinity Claygate  
*following Jesus together*

## **JOB APPLICATION FORM**

Please complete this form in black ink. All questions must be answered in the boxes provided

**A. THE POST**

Post applied for	
Closing date	

**B. PERSONAL DETAILS**

Miss/Mr/Mrs/Ms (delete as appropriate)

First Name (s)	
Surname	
Address	
Daytime tel. no.	
Evening tel.no.	
Mobile number	
E-mail	

**C. VERIFICATION OF EMPLOYMENT OR EDUCATION RECORD/REFERENCES**

Please give the names and addresses of two people who can verify or confirm your employment record. One should be your present or most recent employer. The referees should be your immediate line manager, if this is not the case please give details of relationship.

**Referee 1**

<b>Name</b>	
<b>Position</b>	
<b>Address</b>	
<b>Daytime contact number</b>	
<b>E-mail</b>	

**Referee 2**

<b>Name</b>	
<b>Position</b>	
<b>Address</b>	
<b>Daytime contact number</b>	
<b>E-mail</b>	

Verification is normally sought after interview. Please indicate whether your references can be approached before the interview. **YES/NO**

**D. REHABILITATION OF OFFENDERS ACT**

This post is exempt from the provisions of the Rehabilitation Act 1974 and if successful you will undergo an enhanced CRB check

Have you ever been convicted of any criminal offence? **YES/NO**

If YES, please give details of the conviction(s) and date(s) in the space provided below:

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**E. EMPLOYMENT**

Do you need a work permit to work in the UK? **YES/NO**

National Insurance Number.....

Current/most recent employer.....

Post Held.....

Address of employer.....

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Start date.....

End date.....

Basic salary.....

Notice period.....



**F. EDUCATION AND QUALIFICATIONS**

**Qualifications Achieved**

Secondary Schools, Colleges, Universities	From:	To:	Brief Details of Courses:	Grade:

**Study currently being undertaken:**

Secondary Schools Colleges, Universities	From:	To:	Brief Details of Courses:	Grade:

Professional or other qualifications, apprenticeships, memberships of professional organisations:

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Other training you have received which you consider relevant:

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**Declaration**

Any of the above particulars may be subject to check. I understand that any false, inaccurate or incomplete information could result in dismissal, disciplinary action or a withdrawal of any offer of employment.

I declare that the information given on this form is to the best of my knowledge correct and complete and can be treated as part of any subsequent contact of employment.

I understand that the Pre-school may process, by means of a computer database or otherwise, any information which I provide to it, for the purpose of employment with the Pre-school.

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Signature:

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Date:

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Please return in an A4 sized envelope marked 'CONFIDENTIAL'; to:

**Pre-school**

**Name:**

**Address:**

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**EQUAL OPPORTUNITIES**

We are committed to Equal Opportunities in Employment. As part of this policy, all applicants for employment are requested to complete this section for the purposes of monitoring the policy. The information it contains will not be used in deciding whether or not to invite you to interview or offer you employment. As an Equal Opportunities Employer, we aim to ensure that no job applicant or employee receives less favourable treatment on the grounds of age, sex, race, colour, marital status, religion, ethnic origin, nationality or sexual orientation. Please help us to achieve our main aim by completing the following questions:

**Position applied for:**

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Name: surname and forename(s) in full: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

If you are invited to attend for interview or to take up employment, and require special arrangements, please give details below:

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**Gender:**

Male

Female:

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**Disability:**

DISABILITY DOES NOT PRECLUDE FULL CONSIDERATION FOR THE JOB AND APPLICATIONS FROM DISABLED PERSONS ARE WELCOMED.

Do you consider yourself to have a disability?                      Yes                       No

Are you registered disabled?                      Yes                       No

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**I would describe my race or ethnic origin as (please tick appropriate box):**

White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	White Other	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Black British	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
Black Other	<input type="checkbox"/>				
Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Other	<input type="checkbox"/>		

**How did you find out about this vacancy?**

(please give the name of the newspaper/journal/website)

I consent to the Pre-school holding the data in the equal opportunities section of this form.

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**Signature of applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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