



Job Application Form

Application for the post of: _____

Personal

First Name: _____ Surname: _____

Address: _____

Postcode: _____

Tel No: Home: _____ Mobile: _____

Work No: _____ Can we ring you at work? Yes/ No

E-Mail address: _____

References:

Please give the full names and addresses of **two** people who can verify or confirm your employment/ education record. One must be your line manager at your current/ last employment. Please do not use relatives, partners or friends as your referees.

Referee 1

Name: _____

Position held: _____ Relationship to you: _____

Organisation name, address and postcode: _____

Tel No: _____

E-mail address: _____

Can we contact the referee before interview? Yes/ No

Referee 2

Name: _____

Position held: _____ Relationship to you: _____

Organisation name, address and postcode: _____

Tel No: _____

E-mail address: _____

Can we contact the referee before interview? Yes/ No

Cleethorpes Childcare
CONFIDENTIAL
Recruitment Monitoring Form

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 purpose of monitoring the policy and it will be separated from your application. The information this form 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 aim by answering the following questions:

Position applied for: _____

Name (forenames and surnames in full): _____

Date of Birth: _____ **Age:** _____

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

Disability:

Do you consider yourself to have a disability? Yes/ No

Gender: Male/ Female

Ethnic Origin:

I would describe my race or ethnic origin as:

White:	White British White Irish White other	Black:	Black British Black African Black Caribbean Black other
Chinese:	Chinese Chinese other	Asian:	Bangladeshi Pakistani Indian Asian other
Mixed:	White & Black Caribbean White & Black African White & Black Asian		

Other (please state): _____

Only complete this section if the job description indicates that the post is exempt from the provisions of the Rehabilitation Act 1974.

Have you ever been convicted, cautioned or reprimanded for a criminal offence? Yes/ No

Are you on the List 99, disqualified from working with children or subject to sanctions imposed by a regulatory body? Yes/ No

If yes, please give details and dates in the space below:

Do you need a work permit to work in the UK? Yes/ No National Insurance number: _____

How did you find out about this vacancy?

I consent to Cleethorpes Childcare holding the data in the equal opportunities section of this form in their database and manual files.

Signature of applicant: _____ Date: _____

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Qualifications achieved (most recent first):

Secondary schools, colleges and universities	From	To	Brief details of course/ qualifications undertaken	Grade

Study currently being undertaken:

Secondary schools, colleges and universities	From	To	Brief details of course/ qualifications undertaken	Grade

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

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Other training you have received which you consider relevant to this post:

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Experience/ relevant skills:

Having read the job description and person specification, please state how your experience and achievements to date would make you a suitable candidate for this post. You should address each criteria detailed on the person specification and provide examples of how you meet these. If you need to continue beyond this page please use A4 sized white paper.

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Disability or health problems do not preclude full consideration for the job and applications from disabled persons are welcomed.

Health:

Please give number of sick days in the last 12 months: _____

Please give number of separate occurrences in the last 12 months: _____

Travel:

Do you have a driving licence? Yes/ No

Do you have access to a vehicle? Yes/ No

Do you have access to public transport? Yes/ No

Do you have any relationship (i.e family, friends) with anyone currently working for Cleethorpes Childcare?

Declaration:

I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

Any of the particulars of this application form may be subject to check. I understand that any false, inaccurate or incomplete information could result in dismissal, disciplinary action or 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 contract of employment.

I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau for an enhanced disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

I understand that Cleethorpes Childcare may process, by means of a computer database or otherwise, any information which I provide to it, for the purpose of employment within Cleethorpes Childcare.

Signature: _____ **Date:** _____

Please return this application form marked CONFIDENTIAL to the address below:

Cleethorpes Childcare
58 St Peters Avenue
Cleethorpes
North East Lincolnshire
DN35 8HP

Email: info@cleethorpeschildcare.co.uk

Visit our website: www.cleethorpeschildcare.co.uk