

Employee Application Form

Post Applied For

Where did you see this vacancy advertised?

Surname First name

Address

Post Code

Home Phone No. Mobile Phone No

Marital Status

Do you have any children?

Y	N
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If yes, what are their ages?

Do you hold a current driving license?

Y	N
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Date of Birth:

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Career History

Please give details of your previous employment history starting with the most recent

Employer & Address

Job Title **Salary** **£**

Summarise the nature of your work and job responsibilities/achievements (if relevant)

Date Joined Company	<input type="text"/>	Date Left	<input type="text"/>
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Reason for Leaving

Employer & Address

Job Title **Salary** **£**

Summarise the nature of your work and job responsibilities/achievements (if relevant)

Date Joined Company	<input type="text"/>	Date Left	<input type="text"/>
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Reason for Leaving

Employer & Address

Job Title **Salary** **£**

Summarise the nature of your work and job responsibilities/achievements (if relevant)

Date Joined Company	<input type="text"/>	Date Left	<input type="text"/>
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Reason for Leaving

CHILD CARE QUALIFICATIONS

Please detail any qualifications you have which relate to Child Care and/or Early Years Education

Qualification	Where Gained	Date	Grade

RELEVANT EXPERIENCE

*What Experience Do You Have of Caring for or Working With Young Children or any Other Caring Activities?
(There is no Need to Repeat Experience Detailed in the Career History Section of This Form)*

OTHER QUALIFICATIONS (please detail any other qualifications you have)

Qualification	Where Gained	Date	Grade

HEALTH

Please state how many days off work you have had due to sickness during the last 12 months

Have you seen a doctor within the last 2 years?

If you answered yes, please state the reason

Have you had an operation or serious accident or illness (within the past 5 years)?

If you answered yes, please state the reason

Are there any reasons why you think your present state of health may affect the way you look after or work with children?

Have you ever been retired or had a contract of employment terminated with a past employer due to ill health?

If you answered yes, please state the reason

GENERAL INFORMATION - Is there any other information you would like to add about yourself? (you may continue to write on the back of this page)

REFEREES

I submit 2 referees (who can comment on my suitability to work with young children) 1 of which must be a previous employer:

Name			
Address			
Post Code		Tel No	

Name			
Address			
Post Code		Tel No	

Have you been disqualified from working with children? Y/ N

Have you had any contact with Social Services? Y/ N

If you have answered yes to either of the above questions please give details:

DECLARATION

1. I acknowledge that an appointment, if offered, will be subject to satisfactory medical clearance. I am currently in good health.
2. I declare that I have not received any caution, warning, been reprimanded for any offences or been convicted of any criminal offence spent or otherwise (the post is exempt from the provisions of the Rehabilitation of Offenders Act)
3. I declare that the information given on this form is correct and understand that on appointment any misleading statements or deliberate omissions will be regarded as grounds for disciplinary action.
4. I hereby agree to you seeking/releasing confidential references to anyone who so requests it. I understand that I may revoke this consent at any time and that I have the right under the Data Protection Act to request sight of a copy of each reference.

Signed

Date