

COPY TO PERSONNEL DEPARTMENT

CONFIDENTIAL

THE ACADEMY GROUP

DATE ISSUED
.....

LOCATION:

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE IN BLOCK CAPITALS

POSITION APPLIED FOR: CLOSING DATE.....

SURNAME FIRSTNAME:

ADDRESS:

.....

POSTCODE: TELEPHONE: PRIVATEMOBILE.....

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE (WHICH IS NOT A SPENT CONVICTION WITHIN THE MEANING OF THE REHABILITATION OF OFFENDERS ACT 1974)? **YES / NO**

GIVE FULL DETAILS

.....

DO YOU HOLD A CURRENT DRIVING LICENCE?	YES / NO
ANY ENDORSEMENTS?	YES / NO
CAR OWNER?	YES / NO
HOW WOULD YOU TRAVEL TO WORK?	
HAVE YOU EVER BEEN CRB CHECKED?	YES – A COPY OF THIS DOCUMENT MUST BE PROVIDED WITH THIS APPLICATION FORM NO - SEE BELOW
IF YOUR ROLE REQUIRES YOU TO BE CRB CHECKED THEN THIS MUST BE PAID FOR BY THE APPLICANT	

PRESENT/LAST EMPLOYER

LAST OR PRESENT EMPLOYER	
COMPANY NAME.....	NATURE OF BUSINESS.....
ADDRESS.....	JOB TITLE.....
.....	SALARY.....
.....	DATES – FROM/TO.....

DUTIES AND RESPONSIBILITIES

WHAT PERIOD OF NOTICE DO YOU NEED TO GIVE?.....

DATES FROM - TO	PREVIOUS EMPLOYER	JOB TITLE AND DUTIES	REASON FOR LEAVING AND GROSS PAY DETAILS
	NAME ADDRESS TEL NO: CONTACT NAME		

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	NAME ADDRESS TEL NO: CONTACT NAME		

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Do you have any permanent or persistent medical condition, which may require consideration in the work environment?

Are you related to any employee of The Academy? If so please give details:

Please state where you saw the advertisement

EDUCATION

NAMES OF SCHOOLS ATTENDED AFTER AGE 11, INCLUDE DETAILS AND RESULTS OF EXAMINATIONS TAKEN.

SCHOOL ATTENDED	FROM	TO	EXAMINATION RESULTS

FURTHER EDUCATION (include professional courses and management training)	FROM	TO	EXAMINATION RESULTS

OTHER TRAINING RELEVANT TO YOUR APPLICATION	FROM	TO	EXAMINATION RESULTS

CURRENT STUDIES	FROM	TO	EXAMINATION RESULTS

REFEREES

(One of whom should be your present/last employer)

Name:	Name:
Job Title:	Job Title:
Company: Address:	Company: Address:
Telephone:	Telephone

References will only be taken up for the successful candidate. Any offer of employment made will be conditional upon receipt of satisfactory references and any necessary clearance checks. **May we contact your employer at that time? YES/NO**

ADDITIONAL INFORMATION RELEVANT TO YOUR APPLICATION CAN BE PROVIDED ON A SEPARATE SHEET.

I CONFIRM TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON THIS FORM IS TRUE AND CORRECT

SIGNED..... DATE.....

**FOR OFFICE USE ONLY
COMMENTS:**

SIGNATURE..... NAME.....