Job Application Form

**Which Job Are You Applying For?**

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| |  |  | | --- | --- | | **Title:** | | | **Full Name:** | **Former Name(s) (if any):** | | **Address:**  **Email:** | | | **D.O.B:** | | | **Contact Number (Day Number):**  **Home Number:** | | | **NI Number :**  Do you need a permit to work in the UK? ❑ yes ❑ no | | | **General Information**  **1.** Do you have any disabilities that might affect your application ❑ yes ❑ no  **2.** Please tell us if:  **a**. There are any reasonable adjustments we can make to assist you in your application:  **b.** There are any reasonable adjustments we can make to the job itself to help you carry it out:  **3.** Are you related to an employee of Trinity Specialist college? ❑ yes ❑ no | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Education/Qualifications/CPD**  PLEASE GIVE EARLIEST FIRST (NOTE: Successful applicants will be required to provide proof of all qualifications) | | | | | Name of Qualification/Course Attended | Awarding Body | Place/Organised By | Date | |  |  |  |  |  |  | | --- | | Are you a Member of Professional Body/Institution? ❑ yes ❑ no | | Please provide details: |  |  | | --- | | **Present Employment Profile including Voluntary Work** (if any)  Job Title: Employer:  Date appointed:  Address:  Post code:  Reasons for leaving:  Pay range:  Any other benefits:  Length of notice required to terminate present employment:  Have you ever raised any grievance against this employer?  (if so please provide details) | |
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| **Past Employment including Voluntary Work** (if any)  Please give the latest first.  Please explain any gaps in employment history | | | | |
| From Month/Year | To Month/Year | Employer | Job Title | Reason for Leaving |
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| **Information in Support of your Application:**  Please demonstrate how you meet the requirements of the Person Specification and include any skills and experience in support of your Application. |
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| When would you be available to start work for us? |

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| **References**  Please provide two persons to whom an approach may be made with reference to your work experience. At least one of these should be your present or most recent employer. Include an email address. Friends or relatives would not be considered appropriate as a referee. **Please note no approach will be made to your present employer before interview; however we will request a reference from your previous employer prior to interview.** |
| **1. Current Employer**  Name :  Address:  Postcode:  Telephone:  Email:  Position / Job Title:  Relationship to you:  **2. Previous Employer**  Name :  Address:  Postcode:  Telephone:  Email:  Position / Job Title:  Relationship to you: Previous Employer |

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| **Rehabilitation of Offenders Act 1974 (Exceptions Order 1975)**  Please list below details of any convictions against you giving date, type of offence, sentence/fine imposed etc. Due to the nature of the work environment for which you are applying this Post is ’exempt’ from the provisions of the Rehabilitation of Offenders Act 1974. Applicants are therefore not entitled to withhold information about convictions which for other purposes are ’spent‘ under the provision of the Act. |
| **Should you be short listed we will take up any discrepancies/anomalies in the information you have provided in this application form and issues arising from obtained references with you at interview.**  **Data Protection Act 1998**  By signing and returning the application form, you consent to the Trinity Specialist College Ltd using and keeping information about you provided by you or third parties, such as references relating to your application or future employment. Such information may include details relating to your health, ethnic origin and criminal record.  **Confirmation of Details**  I certify that the information I have given in this application is correct to the best of my knowledge and belief. Should it later be discovered that I have given false information in order to obtain a position I understand that my employment could be terminated by dismissal.  Returning this form by email signifies acceptance of these conditions.  **We recommend you print and check a copy of this form before returning it to us.**  **Signed: Dated:** |