



Full completion of the application form is a criterion when selecting candidates.

JOB APPLICATION FORM

POST TITLE:	
REFERENCE NUMBER:	
CLOSING DATE:	

PERSONAL DETAILS

Title:	
Forename(s):	
Surname:	
Address:	
Date of Birth:	
Home telephone:	
Business telephone:	
Mobile telephone:	
E-mail address:	
National Insurance No:	
QTS No. (if applicable):	
Where did you see or hear of this job?	

Do you hold a current driving licence?	
Type of licence:	
Do you have use of a car for business purposes?	

EMPLOYMENT HISTORY



Please give details of all jobs held including part time and unpaid work, starting with your present/last employer. Chronologically all years MUST be accounted for. Please explain fully any gaps in service.

Employer (Name & Full Address)	Jobs held and main duties	From	To	Salary / Grade	Reason for leaving



EDUCATION & PROFESSIONAL QUALIFICATIONS

List all your formal educational and professional qualifications

Secondary Schools, Colleges and Universities	From:	To:	Course(s)

TRAINING

List details of all relevant training courses attended

Course subject and header	Length of course	Year



Please continue on a separate sheet if necessary.

PERSONAL STATEMENT

Please describe how you believe that you meet the requirements of this position as set out in the specification.



ADDITIONAL QUESTIONS

All candidates for employment must state in writing whether they are related to an existing Governor or employee of Harefield School.

Are you related to an existing Governor or employee of The Academy as described above?	Yes / No
If yes, please give the following details:	
Surname:	
First Name:	
Relationship:	
Address:	

Are there any restrictions to your residence in the UK which might affect your right to take up employment with Harefield School Yes / No
If Yes, please provide details:
If you are successful in your application, would you require a work permit prior to taking up employment? Yes / No

Do you consider yourself to have a disability? Yes / No
If Yes, please state nature of disability:
The Disability Discrimination Act defines disability as: <i>"A physical or mental impairment which has a substantial and long-term effect on the person's ability to carry out normal day to day activities."</i>



FINAL SECTION

Please indicate two people who can provide references, one of whom must be your present/last employer.

Reference 1	Reference 2
Name:	Name:
Address:	Address:
Tel. No.	Tel. No.
Email:	Email:
Fax No.	Fax No.
Occupation:	Occupation:

References will be requested once an interview date has been accepted. Formal job offers will not be made until receipt of references.

If you have had a current DBS Enhanced check please give details below:

DBS Reference Number: _____

Complete disclosure date: _____

Check carried out by: _____
(Organisation/school)

IMPORTANT: If invited for an interview, please ensure you bring your DBS Enhanced Check certificate and proof of identity with you.

You will still be required to complete a new Fully Enhanced DBS Check upon receipt of a formal offer. Details will be included in the starter pack and must be completed and cleared prior to commencement of employment.

I understand that false or misleading information on this form will disqualify me from appointment and if appointed, may result in disciplinary action which could lead to my dismissal.

I declare that the information I have given is accurate and true.

Signed: _____ Date: _____