Employment Application Form

PLEASE COMPLETE AND RETURN PRIVATE AND CONFIDENTIAL

Post:

Nursery:	Blaby / Wigston			
Please complete all sections				
	For BLABY and WHETSTONE applications please return to:			
	Natalie Brotherwood			
Daisy Chain Children's Nursery				
	Rose Park			
Eglantine				
Lutterworth Road				
Blaby				
	Leicester			
LE8 4DP				
	For WIGSTON applications please return to:			
Rachel Brewin				
	Daisy Chain Children's Nursery			
84 Station Rd				
Wigston				
LE18 2DJ	Leicester			
LE16 2DJ				
* Please note; you must provide copies of qualification certificates relevant to the post that you have applied for.				
Where did you see the advertis	sement/ what prompted your application?			
Full name, (please include title)				
Date of Birth:				
Previous name/s:				
Full address: (please include all other addresses within five years)				
Mobile contact:	Home contact:			
Email contact:				
Previous address:				
Previous address:				

Education and Qualifications, (from 14 years of age to further/higher education)						
School/college	From	То	Qualification	Grade, (if applicable)	Year	
Details of short courses n	ot achiev	ving 'for	mal qualification'			
Organisation	From	То	Course title			Year

Present or most recent employ	/er
Name of employer/company:	
Address of	
employer/company:	
Position held:	
Salary:	
Employed from:	
Employed to:	
Reason for leaving:	
Main duties and	
responsibilities:	
Experience gained:	
	5)
Previous employment, (most r	ecent first)
Name of employer/company:	
Address of	
employer/company:	
Position held:	
Salary:	
Employed from:	
Employed to:	
Reason for leaving:	
Main duties and	
responsibilities:	
Experience gained:	
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Salary:	
Employed from:	
Employed to:	
Reason for leaving:	
Main duties and	
responsibilities:	
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Experience gained:	
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Reference Details

Please provide three references, (one of these must be your most recent or current employer)

Name:	Position in company?
Address:	
Telephone:	
In what capacity do you know this person?	
Name:	Position in company?
Address:	
Telephone:	
In what capacity do you know this person?	
Name:	Position in company?
Address:	
Telephone:	
In what capacity do you know this person?	

Further details		
Please discuss your skills, experience and personal strength's that you feel confirm your suitability for the aforementioned post: (continue on a separate sheet as required)		
Do you feel that you have any health or disability issues that would	Yes / No	
inhibit your practice; or that we should be aware of? <i>Please consider</i> the job description in your response.		

If yes; please give details.
ii yes, piease give details.
How may sick days have you taken over the last 12 months?
General
If appointed, when will you be able to commence duties?
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IMPORTANT NOTE

For the aforementioned post the Rehabilitation of Offenders Act 1974 requires you to disclose any previous spent or unspent convictions. Failure to do so could result in dismissal. Any information given will be treated in strict confidence. Please give details of any previous convictions, (to include any pending offences) on a separate piece of paper and address to Mrs Amanda Donkin at the aforementioned address.

Safeguarding children: ALL positions within our nursery are subject to DBS clearance, ('Disclosure and Barring Service). An enhanced disclosure will be sought once the post, (if offered) is accepted.

I declare that the information I have provided is correct.	Yes / No
I have received a job description for the aforementioned post?	Yes / No
I can confirm that I have completed this application myself?	Yes / No
Have you ever been reported to the Designated Officer at the local authority, (LADO)?	Yes / No
Have you ever been reported to Ofsted or the police in terms of a safeguarding concern?	Yes / No
Have you ever been asked to resign from a post or had your position terminated?	Yes / No
Please note. If at any time of your employment it transpires that false information was provided during your application and/or interview your employment may be terminated.	
Signature:	

Office use only

Short-listed for interview?	If declined, please state reason:
Yes / No	
Interview date and time (if applicable):	Authorised by:
Post offered? Yes / No	If declined, please state reason:
Start date; (if applicable):	
	Authorised by:
Please confirm that ratio logistics have been	Pending action if unsuccessful?
considered?	
Eg, Maths ©	Write/email to decline
Sign and date:	
	Write to decline and keep on file
	Sign: Date:

If applicant is unsuccessful this document will be destroyed after six months in line with our GDPR policy.

September 2018

9. Employment Application Form.

OP. Recruitment and Selection