

## EMPLOYMENT APPLICATION FORM SUPPORT STAFF

St Edward's School, Dale Valley Road, Poole, BH15 3HY Tel. 01202 740950 HR@st-edwards.poole.sch.uk www.st-edwards.poole.sch.uk

VACANCY DETAILS					
Position applied for	Click or tap he	re to enter text.			
Where did you hear	*Recruitment site   DCC  Internal  *Social media  Via friend  School Website				
about this vacancy?	*Other □				
	*Please state v	where:			
PERSONAL DETAILS					
Title	Mr □ I Other:	Mrs 🗆	Miss □	Ms 🗆	
Surname					
Previous Surname					
Forenames					
Preferred Forename					
Address					
Postcode					
CONTACT DETAILS					
Email address					
Telephone	Home				
	Work				
	Mobile				
ELIGIBILITY TO WORK IN	THE UK				
National Insurance No.					
Do you have the right to work in the UK?	Yes □	No □			
-	onal or the hold	er of an EU or E	EA passport, ple	ease indicate in what capacity you are residing	
in the UK					
CURRENT/MOST RECENT E	MPLOYMENT				
Employer's Name					
Employer's Address					
Postcode					







Position Held		
Current Salary	£	
Grade	Grade	Spinal Column Point
Date Appointed	Click or tap to enter a dat	
Notice Period		
Reason for Leaving		
Can we contact you at work?	Yes □ No □	The Colonial Colonia
Main duties Click or tap here to enter to	ext.	
	A A	
SUPPORTING STATEMENT		
The information you provide	le in this section will be use	d in assessing your application and will determine whether you are

The information you provide in this section will be used in assessing your application and will determine whether you are shortlisted for interview. Please use this space to state how your skills, experience and training enable you to meet the requirements for the role for which you are applying for. Please refer to the criteria outlined in the person specification and respond in the order that each criteria point appears.

Click or tap here to enter text.



PREVIOUS EMPLOYMENT H	HISTORY (MOST RECENT FIRST)	- * <u>Plec</u>	ase explain any gap	s in your employment history.
Employer's Name		Posit	tion Held	
Employment commenced	Click or tap to enter a date.	Emp	loyment end date	Click or tap to enter a date.
Full or Part-Time	Full-Time □ Part-Time □	Reas	on for Leaving	
Responsibilities		^		
			base	Land 1
Employer's Name		Posit	tion Held	
Employment commenced	Click or tap to enter a date.	Emp	loyment end date	Click or tap to enter a date.
Full or Part-Time	Full-Time ☐ Part-Time ☐	Reas	on for Leaving	
Responsibilities			000	0000
Walter State				
Employer's Name		Posit	tion Held	
Employment commenced	Click or tap to enter a date.	Emp	loyment end date	Click or tap to enter a date.
Full or Part-Time	Full-Time □ Part-Time □	Reason for Leaving		
Responsibilities				
Reason for leaving	0 + 0 + 0			
Employer's Name			Position Held	
Employment commenced	Click or tap to enter a date.		Employment end d	ate Click or tap to enter a date.
Full or Part-Time	Full-Time Part-Time		Reason for Leaving	
Responsibilities				7
Please tick here if continu <mark>ing</mark>	on a separate sheet			
* GAPS IN EMPLOYMENT H	IISTORY: Please detail below an	ny perio	ods of time when yo	u have not been employed since
leaving secondary educatio	n.			
Date From (Month/Year	) Date to (Month/Year		Reason	
		1		

Please tick here if continuing on a separate sheet  $\ \ \Box$ 



## **REFERENCES**

Referees named below must be your current (most recent) and previous employer. If you have not previously been employed, or are returning to work after a substantial career break and are unable to provide previous employment references, please provide alternatives, e.g. the name of your course Tutor/Headteacher or a suitable professional. It is our policy to contact referees prior to interview. If you do not wish us to contact the referee prior to interview please enter 'X' in the box applicable below.

Current (Most Recent) Employer	nt) Employer I do not wish you to contact this referee prior to interview				
Title	Mr  Mrs  Miss  Ms  Other:				
First Name					
Surname					
Organisation					
Address					
Telephone Number					
Email address					
Previous Employer	I do not wish you to contact this referee prior to interview \( \square\)				
Title	Mr  Mrs  Miss  Ms   Other:				
First Name					
Surname					
Organisation					
Address					
Address  Telephone Number  Email address					



EDUCATION, QUALIFICATIONS AND PROFESSIONAL MEMBERSHIPS  Please note, if shortlisted for interview you will be required to provide proof of your qualifications and memberships.					
Qualifications, S	Short Courses and Teacher Training				
Date	School/College/University/Awarding Body			Qualifications Achieved	
		7			
				0000000	
All forms of canvassing will automatically disqualify candidates from appointment e.g. you must not ask a School Governor or an employee of St Edward's School to use their influence to help you get a job.					
If selected for interview, you must, at that stage, make known any personal or business relationship which may conflict with the role applied for.					
Are you related to a School Governor or employee of St Edward's School? Yes No No					
If 'yes', please p			ı	Name:	
The North	terview would you prefer to be contact	tod by		Relationship:	

## **DATA PROTECTION LEGISLATION**

The information you have provided will be held in compliance with the Data Protection Regulations 2018. If you have previous Local Government service or other service which counts as continuous, St Edwards School will seek confirmation from your last Authority of your date of employment for continuous service purposes in the event of you being offered the post. The School will also seek details of the number of day's sickness absence (not reasons) in the last 12 months for the purposes of administering the Local Government Sick Pay Scheme. You are deemed to have given your consent by signing this application form.

## **DECLARATION**

I declare that the information I have provided on this application form is full, accurate and complete. I understand that if I provide false information or fail to provide full complete and accurate information, this may lead to the decision that



been appointed. Any o	•	he withdrawal of the offer of employ bject to receipt of satisfactory refe e.	·
Signature:			
Date:			
EQUAL OPPORTUNITIES			
committed to the eliment employment is disadvant monitor the effectivenes. This information is contapplication form upon appointment. If you a information you have presented the eliment of the eliment	ination of unlawful or un ntaged by conditions or rec ss of its Equal Opportunition fidential and does not for receipt and the information re successful at interview covided will form part of you	sting and potential employees are ginfair discrimination and will seek to equirements which cannot be justified ies Policy you are asked to provide the reminion and your application. This is on will not be taken into account and take up employment with the our employment record and will be hear	to ensure that no applicant for ed. In order to help the School, the information requested below. slip will be detached from your when shortlisting or making the e School, the equal opportunities
with the Data Protection	Act 1998.		
Name			
Date of Birth	Click or tap to enter a	date.	
Gender	Male □ Fema	ale 🗆	
Position Applied for			
School	St Edward's School		
<b>Disability –</b> For more info	ormation, please contact tl	he Equality and Human Rights Comn	nission Helpline on 0808 800
	f to have a disability under	·	Yes
		airment which has substantial and	No 🗆
long term adverse effect	is on the ability to carry ou	it normal day to day activities.'	Prefer not to say □
Nationality			
	White	British Irish	
Ethnic Origin	Mixed	White and Black Caribbean White and Black African White and Asian Any other Mixed background	
	Asian or Asian British	Indian Pakistani Bangladeshi Any other Asian background	



	Black or Black British  Other Ethnic Group	Caribbean  African  Any other Black background  Chinese	
		Any other Ethnic group	
	Heterosexual		
	Bisexual		
Sexual Orientation	Gay/Lesbian	C C C	
	Prefer not to say		
		Deal Land	
Religion and Belief			
Church of England	Catholic	c Other	
ENDS			