

## 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 \( \simeq \) DCC \( \simeq \) Internal \( \simeq \) *Social media \( \simeq \) Via friend \( \simeq \) School Website \( \simeq \)					
about this vacancy?	*Other $\square$					
	*Please state where:					
PERSONAL DETAILS						
Title	Mr □ I Other:	Mrs 🗆	Miss □	Ms 🗆		
Surname						
Previous Surname						
Forenames						
Preferred Forename						
Address						
Postcode						
CONTACT DETAILS						
Email address						
	Home					
Telephone	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			
1 osition riela			
Current Salary	£		
Grade	Grade		Spinal Column Point
Date Appointed	Click or tap to ent	er a date.	
Notice Period			
Reason for Leaving			
Can we contact you at work?	Yes 🗆	No 🗆	الله والمراجع والما
Main duties Click or tap here to enter to	ext.		
SUPPORTING STATEMENT			

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>	ise explain any gap	s in y	our employment history.
				ı	
Employer's Name		Posit	tion Held		
Employment commenced	Click or tap to enter a date.	Emp	loyment end date	Clic	k or tap to enter a date.
Full or Part-Time	Full-Time □ Part-Time □	Reas	Reason for Leaving		
Responsibilities		1			
			bas		and
Employer's Name		Posit	tion Held		200
Employment commenced	Click or tap to enter a date.	Emp	loyment end date	Clic	k or tap to enter a date.
Full or Part-Time	Full-Time ☐ Part-Time ☐	Reas	on for Leaving		
Responsibilities			000	0 0	0 0
100					3
Employer's Name		Posit	tion Held		
Employment commenced	Click or tap to enter a date.	Employment end date Click		<mark>k or tap to</mark> enter a <mark>date</mark> .	
Full or Part-Time	Full-Time □ Part-Time □	Reas	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 continuing	on a separate sheet $\Box$		19		
* GAPS IN EMPLOYMENT H leaving secondary educatio		ny perio	ods of time when yo	u hav	ve not been employed since
			Reason		
Date From (Month/Year)  Date to (Month/Year)			INCOSUIT		

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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.

	The state of the s
Current (Most Recent) Employer	I do not wish you to contact this referee prior to interview □
Title	Mr  Mrs  Miss  Ms  Other:
First Name	Co do do
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	
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			
				000000	
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 provide				Name:	
The state of the s	terview would you prefer to be contact	to al le co		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	e considered any further, thoffer of employment is subset checks, where applicable	bject to receip		•	
Signature:					
Date:					
	5		7		
EQUAL OPPORTUNITIES					
committed to the eliminal employment is disadvan monitor the effectiveness. This information is confapplication form upon rappointment. If you are	seek to ensure that all existination of unlawful or un ination of unlawful or un staged by conditions or rec ss of its Equal Opportunition fidential and does not for receipt and the information re successful at interview ovided will form part of you an Act 1998.	nfair discrimina quirements wh es Policy you a rm part of you on will not be and take up e	ation and will seek to hich cannot be justified are asked to provide the ur application. This sl taken into account w employment with the S	ensure that no apple. In order to help the information requested in will be detached from shortlisting or machine, the equal opposes	licant for ne School, ed below. rom your aking the ortunities
Name				9	
Date of Birth	Click or tap to enter a	date.			
Gender	Male □ Fema	ale 🗆			
Position Applied for					
School	St Edward's School	St Edward's School			
0082	ormation, please contact th			ssion Helpline on 0808	800
	f to have a disability under			Yes	
	a 'physical or mental impai			No	
long term ad <mark>verse</mark> effects on the ability to carry out normal day to day activities.'  Prefer not to say					
Nationality				1	
			1	7	
	White	Bri <mark>tish</mark> Irish			
Ethnic Origin	Mixed	White and BI White and As Any other Mi			
	Asian or Asian British Asian or Asian British Any other A		sian background		



	Black or Black British	Caribbean
	Other Ethnic Group	Chinese
	Heterosexual	
Sexual Orientation	Bisexual	
	Gay/Lesbian	
	Prefer not to say	
Religion and Belief		
Church of England	☐ Catholic	Other
ENDS		