

APPLICATION FOR EMPLOYMENT

This form may be completed either electronically or in manuscript.



All Souls College,
Oxford, OX1 4AL

PRIVATE AND CONFIDENTIAL

Return this form to: The Bursars' Secretary or e-mail it back to: staff.appointments@all-souls.ox.ac.uk

POSITION APPLIED FOR _____

Surname	Forename(s)	Title
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Gender Identity:

Address:

Postcode

Mobile phone number:

Telephone Number:

NI No.	E-mail:
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Current driving licence? Yes/No	Details of endorsements
Groups: Expiry Date:	

Are there any restrictions on you taking up employment in the UK? Yes No (If yes, please provide details)

EDUCATION HISTORY

Schools/colleges/university	Qualifications gained

EMPLOYMENT HISTORY

(Please complete in full and use a separate sheet if necessary)

NAME & ADDRESS OF EMPLOYER	JOB TITLE	DUTIES	RATE OF PAY	REASON FOR LEAVING

Notice required in current post:

OTHER EMPLOYMENT

Please note any other employment you would continue with if you were to be successful in obtaining this position.

REFERENCES

Please note here the names and addresses of two persons from whom we may obtain both character and work experience references. Indicate their role and relationship to you.

<p>1.</p> <p>E-mail:</p> <p>Telephone:</p>	<p>2.</p> <p>E-mail:</p> <p>Telephone:</p>
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CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.

DECLARATION **(Please read this carefully before signing this application)**

<p>1</p>	<p>I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.</p>
<p>2.</p>	<p>I agree that the organisation reserves the right to require me to undertake an Occupational Health assessment and undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.</p>
<p>3.</p>	<p>I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.</p>
<p>Signed: Date:</p>	