

# Apple Tree Day Nursery

## Job Application Form

Please complete this form in BLACK ink. All questions must be answered in the boxes provided.

Post: \_\_\_\_\_ Closing Date: \_\_\_\_\_

First name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work: \_\_\_\_\_

Can we ring you at work? **YES/NO** Email Address: \_\_\_\_\_

Please give the names and addresses of two people who can verify or confirm your employment record. One should be your present or most recent employer. The referees should be your immediate line manager, if this is not the case please give details of relationship.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Verification is normally sought after interview. Please indicate whether your references can be approached before the interview **YES/NO**

Only complete this section if the job description indicates that the post is exempt from the provisions of the Rehabilitation Act 1974.

Have you ever been convicted of any criminal offence? **YES/NO**

If YES, please give details of the conviction(s) and date(s) in the space provided below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you need a work permit to work in the UK? **YES/NO** National Insurance Number: \_\_\_\_\_

**Qualifications Achieved:**

Secondary Schools, Colleges, Universities	From:	To:	Brief Details of Courses:	Grade:

**Study currently being undertaken:**

Secondary Schools, Colleges, Universities	From:	To:	Brief Details of Courses:	Grade:

Professional or other qualifications, apprenticeships, memberships of professional organisations:

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Other training you have received which you consider relevant:

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DISABILITY OR HEALTH PROBLEMS DO NOT PRECLUDE FULL CONSIDERATION FOR THE JOB AND APPLICATIONS FROM DISABLED PERSONS ARE WELCOMED.

**Health**

Please give number of sick days in last 12 months

Please give number of separate occurrences of illness in the last 12 months

Do you have a driving licence? **YES/NO**

Do you have reasonable access to public transport? **YES/NO**

Do you have access to a vehicle? **YES/NO**

**Employment:**

Current/most recent employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Date started: \_\_\_\_\_ Until: \_\_\_\_\_ Notice required: \_\_\_\_\_

Job Title: \_\_\_\_\_ Basic salary per annum: \_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Other employment/career history starting with most recent:

For posts which involve working with children, please give full employment history, accounting for any gaps (please continue on a separate sheet of paper if necessary).

From:	To:	Employer: Name and Address:	Post:	Reason for Leaving:

Please give details of other interests, including involvement in voluntary organisations which you consider relevant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**EQUAL OPPORTUNITIES**

We are committed to Equal Opportunities in Employment. As part of this policy, all applicants for employment are requested to complete this section for the purposes of monitoring the policy and it will be separated from your application. The information it contains will not be used in deciding whether or not to invite you to interview or offer you employment. As an Equal Opportunities Employer, we aim to ensure that no job applicant received less favourable treatment on the grounds of age, sex, race, colour, marital status, religion ethnic origin, nationality or sexual orientation. Please help us to achieve our main aim by completing the following questions:

**Position applied for:**

\_\_\_\_\_  
Name: surname and forename(s) in full: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

If you are invited to attend for interview or to take up employment, and require special arrangements, please give details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Gender:**

Male

Female

**Disability:**

Do you consider yourself to have a disability? **YES/NO**

Are you registered disabled? **YES/NO**

I would describe my race or ethnic origin as (please tick appropriate box):

White British

White Irish

White Other

Black African

Black British

Black Caribbean

Black Other

Bangladeshi

Chinese

Indian

Pakistani

Other

How did you find out about this vacancy? \_\_\_\_\_

I consent to the nursery holding the data in the equal opportunities section of this form.

Signature of applicant:

Date:

\_\_\_\_\_