

## Address: St Andrew’s Road and Colworth Road, E11 1JD Tel: 0208 558 1777

**Email: Noahsarkprescho@gmail.com**

### APPLICATION FOR EMPLOYMENT

Private and Confidential

##### Please complete in block capitals

Position applied for

Noah’s Ark Pre-School

At which Nursery

FOR THIS POSITION AN ENHANCED DISCLOSURE FROM THE DBS WILL BE REQUIRED

###### **PERSONAL DETAILS**

FULL NAME: MR/MRS/MISS/MS

TELEPHONE (including code)

HOME:

WORK:

MOBILE:

Tick box if you do not wish

to be contacted at work

ADDRESS:

Email:

PLACE AND DATE OF BIRTH

National Insurance Number ………………………………………………………

**IF OFFERED AN INTERVIEW, ORIGINAL EVIDENCE OF ALL QUALIFICATIONS LISTED MUST BE PROVIDED**

###### EDUCATION AND QUALIFICATIONS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SCHOOL | DATES | EXAM | SUBJECT | GRADE |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| UNIVERSITY/COLLEGE | DATES | EXAM | SUBJECT | GRADE |
|  |  |  |  |  |

MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS

###### EMPLOYMENT HISTORY

Please list in reverse order all the organisations for which you have worked

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME AND ADDRESS OF  EMPLOYER | DATES | POSITION HELD | SALARY | REASON FOR LEAVING |
|  |  |  |  |  |

###### HEALTH

|  |
| --- |
| ARE YOU IN GOOD HEALTH? YES/NO  If no, please give further information |
| HAVE YOU EVER SUFFERED FROM A SERIOUS ILLNESS OR MAJOR OPERATION? YES/NO  If yes, please give details |
| ARE YOU PREPARED TO UNDERGO A MEDICAL EXAMINATION PRIOR TO APPOINTMENT?  YES/NO |

###### SUPPLEMENTARY INFORMATION

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| --- |
| HOW MUCH NOTICE ARE YOU REQUIRED TO GIVE TO LEAVE YOUR PRESENT EMPLOYMENT? |

|  |
| --- |
| DO YOU HAVE A CURRENT FULL DRIVING LICENCE? |
| DOES YOUR LICENCE HAVE ANY ENDORSEMENTS? |
| IF YES, PLEASE GIVE FURTHER INFORMATION |

|  |
| --- |
| HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? (which is not a  spent conviction under the Rehabilitation of Offenders Legislation) YES/NO  If yes, please give further information  Do you live with anyone who has been convicted of or investigated for child safeguarding issues? |

|  |
| --- |
| DO YOU HAVE ANY COMMITMENTS WHICH MIGHT LIMIT YOUR WORKING HOURS? YES/NO  If yes, please give further information |

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| --- |
| ARE YOU SUBJECT TO ANY RESTRAINTS ON YOUR CURRENT OR FUTURE EMPLOYMENT? |

|  |
| --- |
| ARE YOU WILLING TO WORK OVERTIME AND WEEKENDS WHEN REQUIRED? YES/NO |

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| --- |
| HOLIDAYS ARRANGED: |

|  |
| --- |
| CURRENT SALARY: |

|  |
| --- |
| WHERE DID YOU HEAR OF THIS VACANCY? |

###### ABOUT YOU

|  |
| --- |
| PLEASE USE THIS SPACE TO TELL US HOW YOU MEET THE JOB REQUIREMENTS LISTED IN THE SPECIFICATION. DO NOT ATTACH A CV AS IT WILL NOT BE CONSIDERED.  PLEASE TELL US WHY YOU ARE APPLYING FOR THIS POST AND REFER TO EXPERIENCE AND KNOWLEDGE GAINED FROM PREVIOUS EMPLOYMENT, VOLUNTARY WORK, LESUIRE INTERESTS AND ANY OTHER ACTIVITES WHICH ARE RELEVANT TO THIS POSITION. |

###### REFERENCES

Please give the names and addresses of two referees who are not related to you, who we can approach for a confidential assessment of your suitability for this post.

NOTE: One of these should be a previous employer

|  |  |
| --- | --- |
| NAME, ADDRESS AND OCCUPATION | NAME, ADDRESS AND OCCUPATION |
|  |  |

Please tick in the box if you do not wish this referee to be contacted before an offer of employment is made.

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| --- |
| If called for interview, are there any special arrangements we would need to make to assist your attendance? YES/NO  If yes, please give further information: |

DECLARATION OF APPLICANT

|  |
| --- |
| I confirm the above information is correct.  I understand that false information or deliberate omission will disqualify me from employment or may render me liable for dismissal.  I understand an enhanced Disclosure from the DBS will be required for this position.  I consent to the Company processing the information I have provided on this form for the purpose of recruitment and I understand that it will be retained for as long as is necessary for the Company to comply with it’s statutory obligations.  Signed: ……………………………………………………. Date: ……………………………………. |