

APPLICATION FOR EMPLOYMENT				PRIVATE AND CONFIDENTIAL		
				other required document 2 6UD or to <u>recruitment@v</u>		ox.ac.uk
POSITION APPLIED FOR: Front of House Supervisor					Ref. FOHS2406	
Surname			Forename(s)		Title	
Address:			e-mail:			
Postcode			Telephone number:			
NI No.						
Do you have the right to work in the UK?					Y	es/No
	ON HISTORY (Please u					
Schools/Colleges/Universities Date			s (from-to)	Qualifications gained		
OTHER TRAI	NING					

## 2 - EMPLOYMENT HISTORY (Please use a separate sheet if necessary)

Are you currently employed? Yes/No (Please delete as appropriate)							
Notice required in current employment:							
Name and address of employer	Dates of employment	Job title and duties	Reason for leaving				
OTHER EMPLOYMEN							
OTHER EMPLOYMEN (please note any other obtaining this position	er employment y	ou would like to continue with if you were to b	e successful in				
	<b>,</b>						

## 3 - REFERENCES

		eferees. Applicants must provide details of two						
		yer and the other should be a previous employer. e sources and not the same organisation or emplo						
Whore possible the two for	Referee 1	Referee 2	<i>y</i> 01.					
Name of referee								
Referee's relation to the applicant								
Institution name and address								
Email address								
Telephone number								
Are you happy this refere be contacted prior to the interview?		as Yes/No (Please delete as appropriate)						
4 - CRIMINAL RECORD	'							
none please state 'none'		ut' under the Rehabilitation of Offenders Act 1974 aployment is dependent upon obtaining a satisfact.						
5 - DECLARATION (Plea	se read carefully before signi	ning this application)						
	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.							
2. 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 Wolfson College reserves the right to require me to undergo a medical examination. In addition, 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 currently in force.								
Barring Service for a	basic disclosure. I understand	ation, I will, if required, apply to the Disclosure d that should I fail to do so, or should the disclosof employment may be withdrawn or my employn	sure					
SIGNATURE		DATE						