

OTHER TRAINING

	DIVIVERSITY OF OXIO					
APPLICATION	FOR EMPLOYMENT		PRIVATE AND CONFIDENTIAL			
	IPLETE ALL PARTS and wolfson.ox.ac.uk	d return together with	other required document	s to		
POSITION AP	PLIED FOR: Cas	ual Catering Assistar	nt	Ref. CCA2408		
Surname		Forename(s)		Title		
Address:		e-mail:				
Postcode		Telephone number:				
NI No.						
Do you have t	the right to work in the	UK?		Yes/No		
Are there any restrictions on your right to work in the UK? If yes, please specify below.						
	ON HISTORY (Please u	se a separate sheet i				
Schools/Coll	eges/Universities	Dates (from-to)	Qualifications gained			

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	Dates of	Job title and duties	Reason for			
of employer	employment		leaving			
OTHER ENDI OVICE						
OTHER EMPLOYMENT						
(please note any other employment you would like to continue with if you were to be successful in obtaining this position)						

3 - REFERENCES

	nes and contact details of your referees						
		the other should be a previous employer.					
vvnere possible the two re		es and not the same organisation or employer.					
	Referee 1	Referee 2					
Name of referee							
Name of referee							
Referee's relation to the	•						
applicant							
Institution name							
Institution name and address							
and address							
Email address							
Telephone number							
Are you happy this refe	ree to V (N) (D)	V /N /DI					
be contacted prior to th	Yes/No (Please delete as	Yes/No (Please delete as					
interview?	appropriate)	appropriate)					
4 - CRIMINAL RECORE)						
		r the Rehabilitation of Offenders Act 1974. If					
		ent is dependent upon obtaining a satisfactory					
basic disclosure from the	Disclosure and Barring Service.						
F DECLADATION (DI	and road carefully before cianing thi	a application)					
3 - DECLARATION (PIE	ease read carefully before signing thi	s application)					
	•	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 medica						
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.							
accordance with the	Bata i Totodion Act.						
3. I agree that should	I be successful in this application. I	will, if required, apply to the Disclosure and					
		should I fail to do so, or should the disclosure					
not be to the satisfaction of the College any offer of employment may be withdrawn or my employmen							
terminated.							
	DAT	E					
SIGNATURE							