

APPLICATION FOR EMPLOYMENT				PRIVATE AND CONFIDENTIAL		
				other required document 2 6UD or to <u>recruitment@</u> v		ox.ac.uk
POSITION API	PLIED FOR: Lodge Rec	nist		Ref. L	R240930	
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/Colle	eges/Universities	Date	s (from-to)	Qualifications gained		
OTHER TRAIL	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				
	,						

3 - REFERENCES

		d contact details of your referees. Ap				
			e other should be a previous employer. nd not the same organisation or employer.			
where possible the two	reierees	Referee 1	Referee 2			
		Referee i	Referee 2			
Name of referee						
Ivallie of referee						
Referee's relation to t	he					
applicant						
Institution name						
and address						
Email address						
Telephone number						
•	.f.,,, 1.					
Are you happy this re		Yes/No (Please delete as	Yes/No (Please delete as			
be contacted prior to interview?	uie	appropriate)	appropriate)			
4 - CRIMINAL RECO	PD					
		tions except those 'spent' under the	e Rehabilitation of Offenders Act 1974. If			
			s dependent upon obtaining a satisfactory			
		sure and Barring Service.	o dependent upon obtaining a satisfactory			
badio alboiobaro from ti	no Diodio	Sure and Barring Cervice.				
5 - DECLARATION (I	Plassa ra	ad carefully before signing this a	nnlication)			
			rect and that any untrue or misleading			
information will give	ve my em	ployer the right to terminate any em	ployment contract offered.			
			r 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 medica						
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.						
accordance with t	ne Dala F	Protection Act currently in force.				
3. I agree that shou	ıld I bo c	successful in this application. I will	if required apply to the Disclosure and			
			, if required, apply to the Disclosure and			
Barring Service for a basic disclosure. I understand that should I fail to do so, or should the disclosur not be to the satisfaction of the College any offer of employment may be withdrawn or my employment						
terminated.	oraction C	and conlege any one of employing	one may be witharawn or my employment			
tommutou.						
SIGNATURE		DATE				