

APPLICATION FOR EMPLOYMENT				PRIVATE AND CONFIDENTIAL				
PLEASE COMPLETE ALL PARTS and return together with other required documents to HR Department at Wolfson College, Linton Road, Oxford OX2 6UD or to recruitment@wolfson.ox.ac.uk								
POSITION API		Ref. 241104						
Surname			Forename(s)		Title			
Address:			e-mail:					
Postcode			Telephone number:					
NI No.				restrictions on you taking e delete below as appropr		oyment in		
Do you have the right to work in the UK?				Yes/No				
1 - EDUCATION	ON HISTORY (Please u	se a s	eparate sheet i	f necessary)	•			
		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				
	,						

3 - REFERENCES

		d contact details of your referees. App					
		ent or most recent employer and the					
Where possible the two	referees	· · · · · · · · · · · · · · · · · · ·	d not the same organisation or employer.				
		Referee 1	Referee 2				
Name of referee							
Referee's relation to t	he						
applicant							
Institution name							
and address							
Email address							
Telephone number							
-	-						
Are you happy this re		Yes/No (Please delete as	Yes/No (Please delete as				
be contacted prior to	the	appropriate)	appropriate)				
interview?		-11 -1,	-11 -1				
4 - CRIMINAL RECOI		' the sales the D	all all little time of Office days Act 4074				
		ions except those 'spent' under the R					
If none please state			yment is dependent upon obtaining a				
Satisfactory basic discit	osure mor	n the Disclosure and Barring Service.					
5 DEOLADATION /	<u> </u>		P. d. A				
5 - DECLARATION (F	lease re	ad carefully before signing this app	plication)				
1. I confirm that the	e above	information is complete and corre	ect and that any untrue or misleading				
information will giv	e my em	ployer the right to terminate any empl	loyment contract offered.				
2. Should we require	further i	nformation and wish to contact your of	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	he Data F	Protection Act currently in force.					
			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 disclosure not be to the satisfaction of the College any offer of employment may be withdrawn or my employmen							
	staction c	of the College any offer of employmen	nt may be withdrawn or my employment				
terminated.							
SIGNATURE		DATE					
SIGNATURE							