

APPLICATION FOR EMPLOYMENT				PRIVATE AND CONFIDENTIAL				
				th other required document 2 6UD or to recruitment@v				
POSITION APPLIED FOR: PA to the President				Ref. PA250124				
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		
1 - EDUCATION HISTORY (Please use a separate sheet if necessary)								
Schools/Colleges/Universities Dates (from			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 EMPLOYMENT (please note any other employment you would like to continue with if you were to be successful in obtaining this position)							
	<b>,</b>						

## 3 - REFERENCES

		ees. Applicants must provide details of two					
		and the other should be a previous employer. Irces and not the same organisation or employer.					
where possible the two r	Referee 1	Referee 2					
	Referee i	Referee 2					
Name of referee							
Name of referee							
Referee's relation to the	9						
applicant							
Institution name							
and address							
Email address							
Linaii addi ess							
Telephone number							
•							
Are you happy this refe		Yes/No (Please delete as					
be contacted prior to th interview?	appropriate)	appropriate)					
4 - CRIMINAL RECORI	0						
		der the Rehabilitation of Offenders Act 1974. If					
		ment is dependent upon obtaining a satisfactory					
	Disclosure and Barring Service.	ment to dependent upon columning a cameracier,					
5 - DECLARATION (PI	ease read carefully before signing	this application)					
1. I confirm that the	above information is complete ar	nd correct and that any untrue or misleading					
	my employer the right to terminate a						
5	, , , , <sub>0</sub>						
2. Should we require f	urther information and wish to conta	ct 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 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	e.					
3. I agree that should	3. I agree that should I be successful in this application, I will, if required, apply to the Disclosure and						
		at should I fail to do so, or should the disclosure					
		pployment may be withdrawn or my employment					
terminated.	action of the contege any one of the						
		ATE					
SIGNATURE							