

**APPLICATION FOR EMPLOYMENT**

**PRIVATE AND CONFIDENTIAL**

**PLEASE COMPLETE ALL PARTS** and return together with other required documents to [recruitment@wolfson.ox.ac.uk](mailto:recruitment@wolfson.ox.ac.uk)

<b>POSITION APPLIED FOR: Casual Worker: Meal Checker</b>				<b>Ref. CM2025</b>	
<b>Surname</b>		<b>Forename(s)</b>		<b>Title</b>	
<b>Address:</b>		<b>e-mail:</b>			
<b>Postcode</b>		<b>Telephone number:</b>			
<b>NI No.</b>		<b>Are there any restrictions on you taking up employment in the UK? Please delete below as appropriate</b>			
<b>Do you have the right to work in the UK?</b>				<b>Yes/No</b>	
<b>Do you have a British Bank Account</b>				<b>Yes/No</b>	

**1 - EDUCATION HISTORY (Please use a separate sheet if necessary)**

<b>Schools/Colleges/Universities</b>	<b>Dates (from-to)</b>	<b>Qualifications gained</b>
<b>OTHER TRAINING</b>		

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

Are you currently employed? Yes/No (Please delete as appropriate)			
Name and address of employer	Dates of employment	Job title and duties	Reason for leaving
<b>OTHER EMPLOYMENT</b> (please note any other employment you would like to continue with if you were to be successful in obtaining this position)			

**4 - CRIMINAL RECORD**

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. **If none please state 'none'**. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Disclosure and Barring Service.

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**5 - DECLARATION (Please read carefully before signing this application)**

1. 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.
3. I agree that should I be successful in this application, I will, 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 employment terminated.

<b>SIGNATURE</b>		<b>DATE</b>	
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