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| St-Hildas-logo-mono.emf**Private and Confidential** APPLICATION FOR EMPLOYMENT**Role Applied for: Library Assistant (Maternity Cover)** |
| **SURNAME:**  | **TITLE:**  |
| **FIRST NAMES:**  | **NI NUMBER:**  |
| **ADDRESS:****POSTCODE:**  | **DAYTIME TELEPHONE:** **EVENING TELEPHONE:** **E-MAIL ADDRESS:**  |
| **PRESENT POST:** (Please provide – name of company, job title, dates, your main responsibilities, salary and reason for leaving) |
| If offered the post, how soon could you start:  |
| **PREVIOUS POSTS:** (Please provide - name of company, job title, main responsibilities, dates, salary details and reasons for leaving. Please include all posts from the year you left school. Include any periods of unemployment or care of a child/relative. (*Please do not leave any gaps*).*(Please continue on a separate sheet*). |
| Has your current or previous employer held disciplinary proceedings against resulting in a warning?If yes, please give details, including any pending proceedings:Are there any restrictions on your taking up employment in the UK? If yes, please give details. |
| Are you related to any current member of St Hilda’s College staff or Governing Body? If **yes**, please give details. |
| **PERSONAL STATEMENT****Please explain your interest in this role and how you meet the essential and desirable criteria listed in the person specification***(Please continue on a separate sheet if necessary*). |
| **HIGHER EDUCATION:** (Please provide a summary of qualifications obtained and dates) |
| **PROFESSIONAL AND OTHER QUALIFICATIONS AND TRAINING:** (Please provide details) |
| **NAMES AND CONTACT DETAILS OF TWO REFEREES:** (*One of these must be your current or most recent employer*)**Referees will be contacted directly unless you indicate otherwise next to the referee’s name.** |
| Name:Address:Telephone:Email: | Name:Address:Telephone:Email: |
| **OTHER INFORMATION:** |
| Have you been convicted of any criminal offence which is not ‘spent’ under the Rehabilitation of Offenders Act 1974 or are there any criminal proceedings currently pending against you? If yes, please give details: |
| **DECLARATION** (*Please read this 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. I agree that St Hilda’s 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. NB Should St Hilda’s College require medical information and wish to contact your doctor with a view to obtaining a medical report, the College will obtain your permission prior to contacting your doctor.
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 St Hilda’s College any offer of employment may be withdrawn or my employment terminated.
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| **DATE:** **SIGNATURE:**  |
| *Please state where you saw this vacancy advertised*: |

Please send your completed application form and any other supporting documentation to the recruiting manager as detailed in the job advert.

If you have any question about the application process please contact the stated hiring manager, or contact the HR Manager, Susan Vickery, susan.vickery@st-hildas.ox.ac.uk