Application for employment

Post applied for:	
Please tell us how you found out about this post	

Section 1: Personal Details

Surname:		Title:	
Forename(s):			
Address: Postcode:			
Home telephone:		Work	
Mobile		Email:	
National Insurance number:			
Nationality:		Do you require a work permit?	Yes: ☐ No: ☐

Section 2: Present appointment

Post held:	
Employer / location	
Employer address	
Date started in this employment:	
Present salary	

Description of current responsibilities

When could you be available to start? (period of notice required)	

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Section 3: Employment history

(please list all employment since leaving secondary education, starting with most recent)

Employer name and address:	Post:	Start:	End:
Main responsibilities			
Reason for leaving			
Main responsibilities			
Reason for leaving			
Main responsibilities			
Reason for leaving			
Main responsibilities			
Reason for leaving			
Main responsibilities			
Reason for leaving			
Main responsibilities			
Reason for leaving			
Main responsibilities			
Reason for leaving			
Main responsibilities			
Reason for leaving			

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Section 4: Education and qualifications			
School/college/university	Start:	End:	Qualifications gained:

Relevant professional development:		
Provider	Dates:	Qualifications gained:

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Section 5: Statement in support of application

Please use this space to outline key aspects of your experience and skills that you feel will best explain your strengths. Concise clarity will be appreciated.

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Section 6: References

Please supply the details of two referees, one of whom must be your current employer

Present employer:			
Principal / head / manager's name		Position / Title	
Employer address			
Telephone number:		Email:	
Our normal practice is to seek references prior to interview. If, however, you wish us not to contact your present employer at this stage please tick this box.			☐

Former employer / other			
Relationship to you.		Position / Title	
Address			
Telephone number:		Email:	

Section 7: Rehabilitation of Offenders Act 1974

This post is one for which you are required to declare all previous convictions.

	Yes	No
Do you have any previous convictions? (please detail offence(s) on a separate sheet)	○	○
Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post?	○	○
Have you ever been dismissed from a post due to misconduct or capability?	○	○
Are you related to any employee of Cowes Enterprise College or the Ormiston Academies Trust? (If so please indicate relationship below).	○	○

I hereby declare that the information provided on all parts of this form is correct.

Signature of applicant: Date:

Section 8: Equal Opportunities Monitoring Form

OAT is committed to achieving equal opportunities for all within its employment policies and procedures. We treat all employees and applicants for employment on merit and do not take into consideration factors that are not relevant to the job or shown to be justified, including age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, which includes colour, nationality and ethnic or national origins), religion or belief, gender or sexual orientation. These are known as protected characteristics.

We monitor our employment activity to help us examine how our Equal Opportunities Policy is working and to take action for improvement should we identify areas where it is not working well.

Any information you provide will be treated in the strictest confidence and held separately from your personnel records. It will be used for statistical monitoring purposes only and has no impact whatsoever upon your application or subsequent employment.

Please tell us about the position you have applied for:

Position applied for:

Is the position: Full time ☐ Part time ☐ Permanent ☐ Temporary ☐

Please tell us about yourself: answering these questions will help us to ensure our recruitment and employment processes are fair to all and recognise the diversity needs of our workforce. However, we understand that how people are defined is a personal choice and understand if you prefer not to respond to some of these questions.

Age – please indicate: 16–24 ☐ 25–29 ☐ 30–39 ☐ 40–49 ☐ 50–59 ☐ 60–74 ☐

Ethnicity – how would you describe your ethnicity? Please tick one of the boxes below or tick here if you prefer not to say:

White:

☐ British ☐ Irish ☐ Scottish
☐ Welsh ☐ English ☐ Northern Irish
☐ Gypsy / Traveller ☐ Other White background

Mixed:

☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian
☐ Other Mixed background

Asian or Asian British:

☐ Indian ☐ Pakistani ☐ Bangladeshi
☐ Chinese ☐ Other Asian background

Black or Black British:

☐ African ☐ Caribbean ☐ Other Black background

Other ethnic group:

☐ Arab ☐ Other ethnic group (please specify):

Section 8: Equal Opportunities Monitoring Form (continued)

What is your nationality?

Do you require a Work Permit? ◯ Yes ◯ No

Religion or belief please indicate what best describes you:

◯ Buddhist ◯ Christian ◯ Hindu ◯ Jewish

◯ Muslim ◯ Sikh ◯ Agnostic ◯ Atheist

◯ No religion ◯ Other religion/belief ◯ Prefer not to say

Gender – please indicate what best describes you:

◯ Female ◯ Male ◯ Prefer not to say

Transgender – do you currently live or plan to live in the gender opposite to your gender at birth:

◯ Yes ◯ No ◯ Prefer not to say

Sexual orientation – please indicate your sexual orientation:

◯ Heterosexual ◯ Gay man ◯ Gay woman / lesbian

◯ Bisexual ◯ Other ◯ Prefer not to say

Section 8: Equal Opportunities Monitoring Form (continued)

Disability

The Equality Act 2010 defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities which has lasted or is expected to last, at least 12 months. Alternatively some conditions, such as severe disfigurement, a diagnosis of cancer, HIV infection, multiple sclerosis or a progressive condition, are also covered under the Act. To help us make reasonable adjustments to address your needs for support to overcome barriers in the workplace:

Do you consider yourself to have a disability or long-term health condition?

- ○ Yes
- ○ No
- ○ Prefer not to say

If yes, which of the following apply toyou? (you can select more than one)

- ○ Blind or visual impairment
- ○ Deaf or hearing impairment
- ○ Learning difficulty
- ○ Mental health condition
- ○ Mobility
- ○ Physical impairment
- ○ Other disability
- ○ None of these
- ○ Prefer not to say

To ensure we offer you a fair recruitment process, please tell us whether you require any reasonable adjustment should you be invited to interview:

- ○ Yes
- ○ No

If yes, please provide details:

We will endeavour to provide access, equipment or other practical support to ensure that applicants attending interviews are not unfairly disadvantaged.

I hereby declare that the information provided on all parts of this form is correct.

Signature of applicant: Date: