JOB APPLICATION FORM

This form may be photocopied. Please type or write clearly in black ink. Candidates may attach a statement in support of their application to this form should they wish.

Application for the post of :	
First Name(s) (BLOCK CAPITALS) :	
Surname (BLOCK CAPITALS) :	
Preferred Title :	
Address for Correspondence (BLOCK CAPITALS)	
Postcode:	
Email Address :	
Telephone number (Daytime) :	
(Home) :	
Do you require a work permit to take up this appointment?	Yes / No ◯ ◯

Employment

Please give details of all previous employment starting with your present (or most recent) employer. You may wish to include in the statement of support of your application a brief summary of your main duties and responsibilities.

Present /most recent employment

Dates from / to	Employers Name, Address and nature of business	Job Title	Reason for leaving
Notice period required			
Please state current salary or most recent if not currently employed:			

Previous Employment (please add separate sheet of paper if necessary)

Dates from / to	Employers Name, Address and nature of business	Job Title	Reason for leaving

Qualifications

Secondary Education

School	From	To	Qualifications gained stating subjects, grades and dates

Further / Higher Education

(Include information on undergraduate and postgraduate degrees, diplomas, evening and correspondence courses)

University / College	From	To	Qualifications and classifications of degree (if applicable). State also if Honours or Ordinary and give dates awarded. Also include other awards.

Other Qualifications/Membership of Professional Bodies with levels attained.

Training courses, with dates

Statement In Support of Your Application

Please complete a statement in support of your application. This should provide further information you may feel relevant to your application, concentrating on the extent to which you match the person specification. Please tell us how your experience will help you with this job.

Voluntary work

From - To	Description	Reason for Leaving

Other Information

Have you had any health problems which would impair your ability to carry out the job applied for?	◯ Yes / No ◯
If Yes, please specify:	
Do you hold a current driving licence?	◯ Yes / No ◯
How did you learn of this vacancy?	
Are you physically and mentally fit to work with children?	◯ Yes / No ◯
We will require all Employees to go through Enhanced Disclosure Checks prior to commencement of employment this will be paid for by Little Villagers	
Please provide any previous disclosure references numbers	
Employees will be checked for SSSC membership and registration using the online registration service	
Please provide any SSSC Registration number	

References

Please give below the details of two people from whom we can obtain references, at least one of which should be your present or most recent employer.

	Referee 1	Referee 2	
Name			
Position			
Tel No			
Email Address			
Company Name			
Address			
Can person 1 be contacted without you being notified	Yes / No	**Can person 2 be contacted without you being notified**	Yes / No

Please note that when we contact referees we will request information on your attendance and health record over the last two years.

Declaration

I hereby certify that to the best of my knowledge the details given in this form are correct. I understand that in the event of my being offered employment with LVOOSC, any proven falsification, or concealment of any material fact in respect of my application may lead to LVOOSCP withdrawing the offer of employment if employment has not yet commenced or disciplinary action and dismissal if employment has commended.

Signature		Date	

Please note that receipt of this application will not be acknowledged unless you enclose a stamped addressed envelope. If you receive no further communication within six weeks you may assume that you have been unsuccessful on this occasion, in which case we take this opportunity to thank you for your interest in the post.