

OTHER TRAINING

	JNIVERSITY OF OXFOR	RD			
APPLICATION	N FOR EMPLOYMENT		PRIVATE AND CONFIDENTIAL		
	IPLETE ALL PARTS and wolfson.ox.ac.uk	d return together with	other required document	s to	
POSITION AP	PLIED FOR: Casi	ual Meal Checker		Ref. CMC2404	
Surname		Forename(s)		Title	
Address:		e-mail:			
Postcode		Telephone number:			
NI No.					
Do you have the right to work in the UK?				Yes/No	
Are there any If yes, pleas	restrictions on your rig e specify below.	ht to work in the UK?	,		
	ON HISTORY (Please u				
Schools/Coll	eges/Universities	Dates (from-to)	Qualifications gained		

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	Dates of	Job title and duties	Reason for						
of employer	employment		leaving						
OTHER EMPLOYME	OTHER EMPLOYMENT								
(please note any other employment you would like to continue with if you were to be successful in									
obtaining this position)									
	-								

3 - REFERENCES

				Applicants must provide details of two				
				he other should be a previous employer. and not the same organisation or employe				
vviiero possibio trio	10101000	Referee 1	0001000	Referee 2				
Name of referee								
Referee's relation t applicant	o the							
Institution name and address								
Email address								
Telephone number								
Are you happy this referee to be contacted prior to the interview?		Yes/No (Please delete a appropriate)	ıs	Yes/No (Please delete as appropriate)				
4 - CRIMINAL REC	CORD							
Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. Internation-left In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Disclosure and Barring Service.								
5 - DECLARATION	l (Please re	ad carefully before signi	ng this a	application)				
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.								
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.								
SIGNATURE			DATE					