

APPLICATION FOR EMPLOYMENT				PRIVATE AND CONFIDENTIAL		
				h other required documen 2 6UD or to <u>recruitment@v</u>		
POSITION APPLIED FOR: Casual Chef					Ref. CC240507	
Surname			Forename(s)		Title	
Address:			e-mail:			
Postcode	stcode		Telephone number:			
NI No.						
Do you have the right to work in the UK?					Y	es/No
	ON HISTORY (Please u					
Schools/Colleges/Universities Date:		s (from-to)	Qualifications gained			
OTHER TRAI	NING					

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 of employer	Dates of employment	Job title and duties	Reason for leaving				
OTHER EMPLOYMEN	IT.						
	er employment y	ou would like to continue with if you were to b	e successful in				
-	·						

3 - REFERENCES

Diagon note bear d	a and agree at defeller of the	oliopote must provide detail. Cr
	es and contact details of your referees. Ap	
	r current or most recent employer and the	nd not the same organisation or employer.
Where possible the two ren	Referee 1	Referee 2
	Note: Control of the	11010100 2
Name of referee		
Referee's relation to the applicant		
Institution name and address		
Email address		
Telephone number		
Are you happy this refere	Yes/No (Please delete as	Yes/No (Please delete as
be contacted prior to the	appropriate)	appropriate)
interview?	эрр. эр. масу	арр. ортасу
4 - CRIMINAL RECORD	convictions except those 'spent' under the	e Rehabilitation of Offenders Act 1974. If
		s dependent upon obtaining a satisfactory
	Disclosure and Barring Service.	o acponacin apon estammig a canciación,
	•	
5 - DECLARATION (Plea	se read carefully before signing this ap	pplication)
	bove information is complete and corn by employer the right to terminate any em	rect and that any untrue or misleading ployment contract offered.
report, the law require your doctor. I agree examination. In add employment and for	es us to inform you of our intention and that Wolfson College reserves the rig lition, I agree that this information will	r doctor with a view to obtaining a medical obtain your permission prior to contacting that to require me to undergo a medical be retained in my personnel file during and that information will be processed in
Barring Service for a	basic disclosure. I understand that shou	, if required, apply to the Disclosure and uld I fail to do so, or should the disclosure ent may be withdrawn or my employment
SIGNATURE	DATE	