

APPLICATION FOR EMPLOYMENT				PRIVATE AND CONFIDENTIAL		
				other required document 2 6UD or to <u>recruitment@v</u>		ox.ac.uk
POSITION API	PLIED FOR: General As	nt/Porter	Ref. GAP250428			
Surname			Forename(s)		Title	
Address:			e-mail:			
Postcode			Telephone number:			
NI No.						
Do you have the right to work in the UK?					Y	es/No
	ON HISTORY (Please u	se a s	eparate sheet if			
Schools/Colleges/Universities Dates			s (from-to)	Qualifications gained		
OTHER TRAIL	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							
OTHER EMPLOYMEN (please note any other obtaining this position	er employment y	ou would like to continue with if you were to b	e successful in				
	,						

3 - REFERENCES

		s. Applicants must provide details of two					
		d the other should be a previous employer.					
Where possible the two re		es and not the same organisation or employer.					
	Referee 1	Referee 2					
Name of materials							
Name of referee							
Referee's relation to the	•						
applicant							
Institution name							
and address							
Email address							
Telephone number							
•							
Are you happy this refe		Yes/No (Please delete as					
be contacted prior to th interview?	appropriate)	appropriate)					
4 - CRIMINAL RECORE	<u> </u>						
		er the Rehabilitation of Offenders Act 1974.					
		ent is dependent upon obtaining a satisfactory					
	Disclosure and Barring Service.	on is dependent upon obtaining a satisfactory					
basic disclosure from the	Disclosure and Barring Service.						
5 DECLADATION (DI	ease read carefully before signing th	is application)					
		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 medica						
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 medica							
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 currently in force.						
2 Lograp that about	I be augrephil in this application I	will if required apply to the Dicelegure and					
		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.	action of the College arry offer of employed	oyment may be withdrawn or my employment					
terrimateu.							
SIGNATURE	DAT	E					
5.5.0.1. 5 .1. 2							