

APPLICATION FOR EMPLOYMENT				PRIVATE AND CONFIDENTIAL		
				o other required document 2 6UD or to <u>recruitment@v</u>		ox.ac.uk
POSITION APPLIED FOR: Senior Fees & Battels Accour				s Assistant	Ref. S	FBAA25
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 i	f necessary)		
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				
	<b>,</b>						

## 3 - REFERENCES

			oplicants must provide details of two					
			e other should be a previous employer. nd not the same organisation or employer.					
where possible the two	reierees	Referee 1	Referee 2					
		Referee 1	Referee 2					
Name of referee								
Ivallie of referee								
Referee's relation to the	ne							
applicant								
Institution name								
and address								
Email address								
Telephone number								
•								
Are you happy this ref		Yes/No (Please delete as	Yes/No (Please delete as					
be contacted prior to the interview?	ne	appropriate)	appropriate)					
4 - CRIMINAL RECOR	) D							
		tions except those 'spent' under the	e Rehabilitation of Offenders Act 1974. If					
			s dependent upon obtaining a satisfactory					
		sure and Barring Service.	o dependent upon obtaining a satisfactory					
	0 100100	Sure and Barring Convice.						
5 - DECLADATION (D	loaso ro	ad carefully before signing this a	nnlication)					
•								
			rect and that any untrue or misleading					
information will give	e my em	ployer the right to terminate any em	ployment 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 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.								
accordance with th	e Dala F	Protection Act currently in force.						
3. I agree that should	dlhas	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 disclosur not be to the satisfaction of the College any offer of employment may be withdrawn or my employment								
terminated.	idotion o	in the conlege any oner or employing	one may be witharawn or my employment					
tomatou.								
SIGNATURE		DATE						