WOLFSON COLLEGE
UNIVERSITY OF OXFORD

APPLICATION FOR EMPLOYMENT	PRIVATE AND CONFIDENTIAL

PLEASE COMPLETE ALL PARTS and return together with other required documents to recruitment@wolfson.ox.ac.uk					
POSITION APPLIED FOR: Casual Catering Assistant				Ref. CCA2025	
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 restrictions on your right to work in the UK? If yes, please specify below.					

1 - EDUCATION HISTORY (Please use a separate sheet if necessary)

Schools/Colleges/Universities	Dates (from-to)	Qualifications gained
OTHER TRAINING		

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 EMPLOYMENT
(please note any other employment you would like to continue with if you were to be successful in obtaining this position)

3 - REFERENCES

Please note here the names and contact details of your referees. Applicants must provide details of two referees. One must be your current or most recent employer and the other should be a previous employer. Where possible the two referees should be from separate sources and not the same organisation or employer.

	Referee 1	**Referee 2**
Name of referee		
Referee's relation to the applicant		
Institution name and address		
Email address		
Telephone number		
Are you happy this referee to be contacted prior to the interview?	Yes/No (Please delete as appropriate)	Yes/No (Please delete as appropriate)

4 - CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974**. If none please state 'none'.** In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Disclosure and Barring Service.

5 - DECLARATION (Please read carefully before signing this application)

1. 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**	