

APPLICATION FOR EMPLOYMENT – ASSOCIATE STAFF

Post applied for:	Grade/Scale:
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PERSONAL: Please complete all sections to enable your application to be considered

Surname: Mr/Mrs/Ms/Miss/Other	Other names:
If relevant please state other surname used previously:	Date of Birth:
Address:	Daytime ☎:
	Evening ☎:
Postcode:	e-mail:

National Insurance No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Disabled Registration No. (if applicable) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Registered Disabled Applicants who meet the criteria of the personnel specification will be guaranteed an interview

CURRENT EMPLOYMENT: Please give details of your present/most recent post

Post held:	Scale/Allowance:
	Incremental Point:
Name of Employer:	Annual Salary:
Address:	Full/Part-time (weekly hrs):

Main duties/responsibilities:	
Date appointed:	Date left (if applicable): Reason for leaving:

Please provide chronological details of all previous employments (including any voluntary work) together with details of any periods of unemployment.

From Month/Year	To Month/Year	Place of Work/Employer (if applicable)	Scale/Grade	Title/Responsibility

EDUCATION BACKGROUND:

Secondary Education

Name of Institution	From Month/Year	To Month/Year	Qualifications Obtained

FURTHER, HIGHER AND PROFESSIONAL EDUCATION:

Name of Institution	From Month/Year	To Month/Year	Qualifications Obtained (please indicate level, awarding body, subjects, grades and dates awarded)

PROFESSIONAL DEVELOPMENT/TRAINING:

(State involvement in the last five years appropriate to your application)

Dates of Course	Length of Course	Details of Course

REFERENCES

Please give the name and address of two people from whom references may be obtained, one of **these should be your current employer/Headteacher**. If not currently working with children then one reference should be from a previous employer in a role related to this client group, if applicable. Sharples School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment, therefore references will be sought prior to interview. **References from friends or relatives will not be accepted.**

1.

Tel:

e-mail:

Postcode:

2.

Tel:

e-mail:

Postcode:

REHABILITATION OF OFFENDERS ACT 1974

Owing to the nature of the work, employment within a school is exempt from the previous provisions of the above Act, therefore applicants are not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. The Authority will undertake a check of criminal records prior to any employment being confirmed.

Have you at any time been convicted of a criminal offence?
(including cautions, bind-overs and any pending prosecutions)

YES/NO

If YES, please give details in strictest confidence:

Are you disqualified from working with children or vulnerable adults or subject
to any sanctions imposed by a regulatory body

YES/NO

I understand and accept that the Authority will check information under this heading.

Signature:

DECLARATION

I declare that to the best of my knowledge and belief all statements contained in this form are correct and I understand that should I conceal any material I will be liable to the termination of my contract of service with such notice as may be appropriate.

Signature:

Date:

Where did you see the advert for this post? School Website Your Council Jobs Other

This form, when completed, should be returned to: recruitment@sharpleschool.co.uk