

Application Form for Employment

* Please complete all sections on this form.
* If any sections do not apply to you, please enter ‘not applicable or ‘n/a’.
* The information provided will be considered by the Selection Panel who will decide whether you proceed to the next stage of the selection process.

# Personal details

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| --- | --- | --- | --- | --- |
| Post you are applying for: Enter text | | | |  |
| Title: Enter text | First name(s): Enter text | | Surname: Enter text |
| Preferred first name: Enter text | |  | |
| Home address:Click or tap here to enter text. | | Contact phone number: Enter No. | |
| Personal email address:Click or tap here to enter text. | | | |  |

Current or most recent employment

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| --- |
| Name of Employer: Enter text |
| What is your current salary? :Click or tap here to enter text. |
| Why did you (or are planning to) leave this position? : Enter text |
| If still employed, what notice are you required to give? : Enter text |

Please indicate if you know any existing Oak Hill employees, students, members of the College Council or trustees of the College or the Kingham Hill Trust, and if so how you know them.

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| Click or tap here to enter text. |

# Health

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| Do you have any disabilities which may affect your application?: Choose an item. |
| **If yes**, please describe said disabilities: Enter text |
| **If yes**, please describe any reasonable adjustments which could be made to the recruitment process to assist you in your application for the job:  Enter text |

Interests, hobbies & sports

Please give details of anything relevant.

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| --- |
| Enter text |

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| --- |
| Enter text |

Please ensure that you have read and understand the Job Description and explain how you feel your experience, qualifications, training and personal qualities fulfil the role, giving examples where possible.

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| Enter text |

Please provide at least two referees. One referee should be your current or most recent employer. Please note, references will not be accepted from relatives or from referees writing solely in the capacity of friends.

|  |  |
| --- | --- |
| Contact 1 | Contact 2 |
| Name: Enter text | Name: Enter text |
| Relationship to you: Enter text | Relationship to you: Enter text |
| Phone number(s): Enter text | Phone number(s): Enter text |
| Email address: Enter text | Email address: Enter text |
| Address:  Enter text | Address:  Enter text |
| May this referee be approached prior to an interview being offered? Choose an item. | May this referee be approached prior to an interview being offered? Choose an item. |

# Declaration

I declare that, to the best of my knowledge, the information I have given is true and complete

I understand that I may be responsible for the expenses of any medical examination or report which may be required.

I agree that the College may share this information internally with those who may be directly supporting me. I agree to advise you of any changes to the information I have provided.

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| --- | --- | --- | --- |
| Applicant’s signature: | Enter name | Date: | Select date |

*By typing your name on the line above, you are giving a digital signature.*