



JOB APPLICATION FORM

Griffin Primary School
Stewarts Road
Wandsworth
London SW8 4JB

Tel: 020 7622 5087
Fax: 0207 720 6659
Email: info@griffinprimary.org.uk

Position applied for: _____

Post reference number: _____

1. Personal details

Surname/family name: _____

Title: _____

Forename/s: _____

Previous names/surnames/family names: _____

Address: _____

Postcode: _____

Home telephone number: _____

Mobile telephone number: _____

Fax number: _____

Email: _____

Work telephone number: _____

May we call you at work?

YES

NO

National Insurance number: _____

Please give dates/times when you will **NOT** be available for interview e.g. holidays.

Please give details of any pension scheme to which you belong.

2. Current or most recent employment

Please give details of your present or most recent employment.

Job title: _____

From: DD/MM/YY

To: DD/MM/YY

Notice required: _____

Current salary and grade: _____

Employer's name and address: _____

Telephone number: _____

Brief description of current duties and responsibilities:

Reason for leaving (if applicable): _____

Leave this space blank

3. Employment history

Please list below all the jobs you have had in the past following on from your most recent post and include details of voluntary work and/or employment on a temporary contract or via an employment agency (including with Wandsworth Council). **You must account for all your time since leaving school and give details of any gaps in employment below.** Please continue on a separate sheet if necessary and attach to your form.

Date of employment	Position and brief description of duties
From: DD/MM/YY To: DD/MM/YY	Position: _____ Salary (on leaving): £ _____ Duties: _____
Reason for leaving	Employers name and address
	Employers name: _____ Address: _____ Tel No: _____

Date of employment	Position and brief description of duties
From: DD/MM/YY To: DD/MM/YY	Position: _____ Duties: _____
Reason for leaving	Employers name and address
	Employers name: _____ Address: _____

Date of employment	Position and brief description of duties
From: DD/MM/YY To: DD/MM/YY	Position: _____ Duties: _____
Reason for leaving	Employers name and address
	Employers name: _____ Address: _____

Date of employment	Position and brief description of duties
From: DD/MM/YY To: DD/MM/YY	Position: _____ Duties: _____
Reason for leaving	Employers name and address
	Employers name: _____ Address: _____

Periods of non-employment

Please indicate nature/reasons for any periods of non-employment including relevant dates (dd/mm/yy)

7. Referees

Please provide full details of two referees: one must be your present or most recent employer and the other should be a previous employer. If you have not been in paid employment please give the name of the head of education or training establishment that you attended and/or the manager of a voluntary group for whom you have worked.

Please note: the Academy reserves the right to seek a reference from any previous employer/school/college or university and take up more than two references.

We may wish to take up references prior to interview.

If you are shortlisted: may we contact your first referee prior to interview? YES NO

may we contact your second referee prior to interview? YES NO

Name of referee: _____

Job title: _____

Organisation: _____

Address: _____

Date of employment/study _____ From: DD/MM/YY To: DD/MM/YY

Relationship with referee (e.g. line manager): _____

Telephone number: _____ Fax number: _____

Email: _____

Name of referee: _____

Job title: _____

Organisation: _____

Address: _____

Date of employment/study _____ From: DD/MM/YY To: DD/MM/YY

Relationship with referee (e.g. line manager): _____

Telephone number: _____ Fax number: _____

Email: _____

8.

For Office Use

9. Employment restrictions

9a. Visa

Are there any restrictions or conditions affecting your ability to take up or remain in employment in the UK? E.g. do you require a work permit? Are you a highly skilled migrant or a working holidaymaker?

YES NO

If YES, please give details (including, if you are already in the UK, details of your current employer, visa/leave to remain, expiry date, certificate of sponsorship number and tier under which you are employed)

9b. Working time regulations

If you are offered this job will you have any other paid work?

YES NO

If YES, please give the following details :

Employer(s):

Address:

Telephone number:

Nature of work:

Date employed from: DD/MM/YY

To: DD/MM/YY

Number of hours per week:

Working times/days:

Are these arrangements subject to change eg shifts?

YES NO

If YES please give details

10. Declaration

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Providing any misleading or false information to support your application or canvassing Governors or Staff of the Academy directly or indirectly for an appointment will disqualify you from appointment, or if appointed will render you liable for dismissal without notice.

I hereby declare that I have understood and complied with the requirements laid down in the previous paragraph.

DATA PROTECTION ACT 1998

I understand that the information given on this form will be used by the employer, Wandsworth Council for:

- the purpose of processing my application for employment,
- monitoring the council's employment policies; and if my application is successful,
- recording information relevant to my employment.

I understand that any information given relating to racial or ethnic origin, physical or mental health and criminal convictions constitutes sensitive data as defined by Section 2 of the Data Protection Act 1998. I hereby consent to the processing by the council for the purposes set out above of all information given by me including such information as constitutes sensitive data.

Signature of applicant

Date

Please note: if you are completing this application electronically, you will be asked to sign the form if you are invited to an interview.

Griffin Primary Equal Opportunities Monitoring Form

To make sure that the recruitment and selection is being carried out fairly and to help check that our equal opportunities in employment is working, we record the race, gender, disabilities and age of people who apply for jobs. You are asked to answer the following questions. Thank you very much for your assistance.

Position applied for: _____

Post reference number: _____

Surname/family name: _____

Forename/s: _____

Gender (*please tick*) Male Female

Date of birth: **DD/MM/YY**

Please state how you found out about this post:

1. Publication (please state which one):

2. Internet (please state which site or search engine):

Are you currently employed by Wandsworth Council

YES NO

Please read the following carefully before placing a tick in the appropriate box.

I would describe myself as being the following:

1. White

British

Irish

Any other white background e.g. European

Please specify _____

2. Mixed

White and black Caribbean

White and black African

White and Asian

Any other mixed background:

Please specify: _____

3. Asian or Asian British

Indian

Pakistani

Any other Asian background:

Bangladeshi

Please specify: _____

4. Black or Black British

Caribbean

African

Any other black background:

Please specify: _____

5. Chinese or other ethnic group

Chinese

Any other:

Please specify _____

DISABILITY

We are keen to encourage disabled people to apply for jobs here at Griffin Primary. The following information is sought for three reasons:

- (i) to underpin our commitment to the 'disability symbol' – in particular we need to make sure that disabled applicants are shortlisted if they meet the minimum criteria – those listed as 'essential' on the person specification;
- (ii) for monitoring purposes; and
- (iii) to determine any help you may require at the selection stage.

- (a) Do you consider yourself to have a disability which is defined in the Equality Act 2010 as 'a physical or mental impairment and the impairment has a substantial and long-term adverse effect on ability to carry out normal day-to-day activities'? YES NO

If YES please indicate the nature of your disability:

- (b) Is there anything we need to know about your disability in order to ensure that the selection process is fair to you? YES NO

If YES please give details:

Please return the completed form together with your application form.

EQUAL OPPORTUNITIES IN EMPLOYMENT POLICY

The Academy instructs the Chief Executive and each Director, manager, Supervisor or other Officers with duties on behalf of the Academy as employer and all employees -

- (a) to ensure that the terms of the Equality Act 2010 and this policy are observed, and that no unlawful discrimination is permitted on grounds of religion or belief, colour, race, nationality or ethnic or national origins, marital status, sex, sexual orientation, disability or age; and
- (b) to ensure a positive attitude towards equality of opportunity and the administration of staff policies to that end.

Directors are instructed to ensure that the terms of this policy are communicated to each employee, with guidance in the use of the council's harassment procedure or grievance procedure as a means of making any complaint of discrimination or failure to accord equality of opportunity."