

Leicester Community Academy

2 Overton Road, Leicester, LE5 0JA

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Application for Employment

Thank you for applying to us for employment.

The information you are asked to provide will be used to assess your suitability for the position for which you are applying. All information will be treated in the strictest confidence.

Please fill this form in capital letters using black ink. Additional sheets may be inserted wherever necessary. Please send a covering letter, a CV and a passport sized photograph of yourself with this application form.

1. Personal Details	
Title:	Surname:
Forename:	
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital Status:	
Address:	
	Post Code:
Telephone:	Mobile:
Email:	
Nationality:	
Do you require a work permit to work in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>	
National Insurance Number:	

2. Emergency Contact Details	
Name:	
Address:	
	Post Code:
Telephone:	Mobile:
Relationship to you:	

3. Vacancy Details

Position applied for:

Where did you hear about this vacancy?

Your availability to work (e.g. number of hours you can work, availability etc.).
Please provide details below.

4. Qualifications

Please give details of secondary school, college, university and any other forms of post 16 study listing all qualifications obtained:

Name of Institution	Date From	Date To	Qualifications Gained

5. Trainings

Please give details of any trainings you have attended (e.g. course title, length of course, name of organisation etc.):

6. Other Relevant Skills (e.g. computer skills, additional language, etc.)

7. Employment

Present or most recent employer

Name of employer:

Address of employer:

Post Code:

Telephone:

Fax:

Date started:

Date left (if applicable):

Reason for leaving (if applicable):

Period of notice required:

Brief description of duties:

8. Previous Employment

Please list previous employment in date order starting with the most recent first.

Name & Address of Employer:

Job title:

Brief description of duties:

From:

To:

Reason for leaving:

Name & Address of Employer:

Job title:

Brief description of duties:

From:

To:

Reason for leaving:

Name & Address of Employer:

Job title:

Brief description of duties:

From:

To:

Reason for leaving:

Name & Address of Employer:	
Job title:	
Brief description of duties:	
From:	To:
Reason for leaving:	

Name & Address of Employer:	
Job title:	
Brief description of duties:	
From:	To:
Reason for leaving:	

Name & Address of Employer:	
Job title:	
Brief description of duties:	
From:	To:
Reason for leaving:	

9. Medical Condition

Do you have a medical condition?

Yes

No

If yes, please provide details:

Do you have any allergies?

Yes

No

If yes, please provide details:

Doctor's Name:

Surgery Name:

Address:

Post Code:

10. Criminal Offences / Conviction

Do you have any criminal offences / convictions?

Yes

No

If yes, please provide details:

11. DBS

Have you had a DBS check done?

Yes

No

DBS Number:

DBS Issue Date:

12. Reference

Please provide names and contact details of two referees who are able to provide references regarding your knowledge, skills, attributes and suitability for the post. One of the referees must be your current or last employer. References must not be provided by friends or family members.

Referee 1

Name:	
Address:	
	Post Code:
Telephone:	Mobile:
Email:	
Relationship to you:	
How long have you known this person?	
Can we approach this referee before the interview? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Referee 2

Name:	
Address:	
	Post Code:
Telephone:	Mobile:
Email:	
Relationship to you:	
How long have you known this person?	
Can we approach this referee before the interview? Yes <input type="checkbox"/> No <input type="checkbox"/>	

13. Equal Opportunity Monitoring

As an equal opportunities employer, the following information is for monitoring purpose only, and is not part of the selection process. The information that you provide will be treated as strictly confidential.

Disability

Do you consider yourself to be disabled? Yes No

(Please specify below)

Do you have an unseen disability (e.g. diabetes, epilepsy, etc.)? (Please specify below)

Yes

No

Ethnic Origin (Please tick the appropriate box)

White

British Irish White other

Asian or Asian British

Indian Pakistani Bangladeshi Asian Other

Black

African Caribbean Black Other

Other Please Specify

Religion (Please write N/A if you prefer not to disclose)

14. Declaration

The information I have provided is correct to the best of my knowledge. I understand that providing false information may render my application liable for rejection, or if appointed, may make me liable to dismissal. I also hereby agree that my personal details may be held on manual and computerised files and used for recruitment and employment purposes.

Please tick one box only:

I accept the terms set out in this section of the application form.

I **do not** accept the terms set out in this section of the application form.

Signature _____ Date _____

Please send this form to the address on the top of this application form.

Office Use Only

Date Received: _____

Received by: _____

CV Covering Letter

Date of Interview: _____

01/18