



# Job Application Form

Please complete this Application Form either **ON SCREEN** and RETURN BY EMAIL or **PRINT OUT** and complete in BLOCK CAPITALS in BLACK OR BLUE INK

Position applied for:

## A: PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms/other):

Surname:

Forename(s):

Address:

Postcode:

Telephone Private:

Mobile:

Email:

Date of Birth (optional):

Are you free to remain and take up employment in the UK with no current immigration restrictions? Yes  No

## B: EDUCATION AND PROFESSIONAL TRAINING (from year 11)

### SECONDARY EDUCATION

Secondary School:

Dates from:

to:

Qualification gained:

### HIGHER EDUCATION

University /College /Polytechnic:

Dates from:

to:

Qualification gained:

### FURTHER EDUCATION (PROFESSIONAL TRAINING)

Education Centre:

Dates from:

to:

Qualification gained:

Education Centre:

Dates from:

to:

Qualification gained:

Education Centre:

Dates from:

to:

Qualification gained:

### MEMBERSHIP OF PROFESSIONAL ORGANISATION / TRADE UNION

## C: EMPLOYMENT HISTORY

Please provide details of all employment, beginning with your present or most recent job first. Please continue on an additional sheet if needed.

Dates	Employer	Salary	Position(s) held	Reason for leaving
From:                      to:				
From:                      to:				
From:                      to:				
From:                      to:				
From:                      to:				

## D: VOLUNTARY & COMMUNITY WORK EXPERIENCE

Dates	Organisation	Position(s) held	Duties
From:                      to:			
From:                      to:			
From:                      to:			
From:                      to:			

## E: JOB FLEXIBILITY

Prepared to work: full-time  part-time  shifts

If **PART-TIME** please indicate preferred hours:

Details of any other work which you will continue to undertake if you are offered this job:

Please provide details of any outstanding holiday to be taken:

Available to take up employment from:

## F: ADDITIONAL INFORMATION

Please provide any additional information you would like to add in support of your application:

## G: REHABILITATION OF OFFENDERS ACT, 1974

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The job for which you are applying for involves substantial access to children and is therefore exempt from the rehabilitation of offenders act 1974. You are therefore required to declare any convictions or cautions you may have, even if they would otherwise be regarded as 'spent' under this act. Any information supplied will remain confidential and considered only in relation to this application.

The disclosure of a criminal record does not debar you from appointment unless it is considered that the nature of the conviction renders you unsuitable for employment. In making this decision a number of factors will be considered.

First Steps Nursery actively promotes equality of opportunity for all with the right mix of talent, skills and potential. We welcome applications from a wide range of candidates including those with criminal records. Candidates are selected for interview based on their skills qualifications and experience.

A disclosure and barring service disclosure (DBS) is required from all candidates offered a position with us.

Have you ever been convicted of a criminal offence? Yes  No

If yes please provide details of the offence and the relevant dates:

Have you even been cautioned, received a court order, reprimand, warning or been bound over for any offence? Yes  No

If yes please provide full details and the relevant dates:

Are you currently subject to any pending action from the police or other law enforcement agency? Yes  No

If yes please provide full details including dates:

Are you currently living in the same household with any person who is, or may become, disqualified from working with children and are therefore disqualified by association? Yes  No

Signature:

Date:

## H: SOURCE OF APPLICATION

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### HOW DID YOU HEAR ABOUT US?

Our website       Job centre website       Poster / Banner       Indeed       Gumtree

Recommended by a current employee

Please give name:

Other

Please detail:

## I: REFERENCES

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Please provide details of 2 referees who we may approach with regards to this Job Application. These referees must not be members of your family, and one must be your present or most recent employer.

### REFEREE 1

Name:	Position:	Company:
Address:		
Postcode:	Telephone:	
Email:		

### REFEREE 2

Name:	Position:	Company:
Address:		
Postcode:	Telephone:	
Email:		

## J: DECLARATION BY JOB APPLICANT

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I have read and understood the information supplied to me in relation to this Job Position and the information requested in this Job Application Form. I confirm that all information supplied by me is true and correct to the best of my knowledge and belief; I will notify First Steps Nursery if any of this information changes prior to any job offer by them.

I declare there is no reason why I should not be considered suitable to work with children. I give my consent to First Steps Nursery to hold and process the information provided by me in confidence, in accordance with Data Protection Rules; this includes information on health, disabilities and criminal records.

**IT IS AN OFFENCE TO KNOWINGLY SUPPLY FALSE OR MISLEADING INFORMATION, OR DELIBERATELY WITHHOLD RELEVANT INFORMATION THAT MAY AFFECT THIS APPLICATION.**

I give First Steps Nursery, or their agents, the right to follow up all references and to make any other job related enquiries, including a DBS disclosure, as may be deemed necessary.

Signature:	Date:
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## FIRST STEPS NURSERY IS AN EQUAL OPPORTUNITIES EMPLOYER

The sole criterion for selection of applicants will be suitability for the Job Position, regardless of race, colour, sexual orientation, age, gender, nationality (with appropriate work permits), culture, ethnic origin, religion or other beliefs, marital status or disability.

### EQUAL OPPORTUNITIES

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Please complete this section for our records. First Steps Nursery is an equal opportunities employer. We use the information you give to monitor equal opportunities. It also helps us make any necessary arrangements to meet any specific needs you may have during the application process.

#### 1. DO YOU HAVE ANY KIND OF DISABILITY?

Yes       No       Prefer not to state

If 'yes' please describe your disability:

#### 2. ETHNIC GROUP

Please show which group best describes your ethnic origin (please tick one only)

- |   |  |
|---|--|
| <input type="checkbox"/> Asian or Asian British – Indian      | <input type="checkbox"/> White – British                     |
| <input type="checkbox"/> Asian or Asian British – Pakistani   | <input type="checkbox"/> White – Irish                       |
| <input type="checkbox"/> Asian or Asian British – Bangladeshi | <input type="checkbox"/> Other White background              |
| <input type="checkbox"/> Chinese                              | <input type="checkbox"/> Mixed – White and Black – Caribbean |
| <input type="checkbox"/> Other Asian background               | <input type="checkbox"/> Mixed – White and Black – African   |
| <input type="checkbox"/> Black or Black British – Caribbean   | <input type="checkbox"/> Mixed – White and Asian             |
| <input type="checkbox"/> Black or Black British – African     | <input type="checkbox"/> Other Mixed background              |
| <input type="checkbox"/> Other Black background               | <input type="checkbox"/> *Other ethnic background            |
|   | <input type="checkbox"/> Not known                           |
|   | <input type="checkbox"/> Prefer not to state                 |

\*If other please state:

#### 3. RELIGION

- |                                   |                                       |                                   |  |                                  |
|-----------------------------------|---------------------------------------|-----------------------------------|--|----------------------------------|
| <input type="checkbox"/> Buddhism | <input type="checkbox"/> Christianity | <input type="checkbox"/> Hinduism | <input type="checkbox"/> Islam               | <input type="checkbox"/> Judaism |
| <input type="checkbox"/> Sikhism  | <input type="checkbox"/> *Other       | <input type="checkbox"/> None     | <input type="checkbox"/> Prefer not to state |                                  |

\*If other please state:

#### 4. DO YOU HAVE ANY SPECIFIC REQUIREMENTS THAT YOU WOULD LIKE US TO CONSIDER IF CALLED TO INTERVIEW?

#### 5. PLEASE INDICATE HOW YOU PLAN TO ARRIVE AT THE NURSERY (please tick the answer that best applies)

- |   |   |  |                                       |  |
|---|---|--|---------------------------------------|--|
| <input type="checkbox"/> On foot                        | <input type="checkbox"/> By bicycle                     | <input type="checkbox"/> On public transport | <input type="checkbox"/> By car (own) | <input type="checkbox"/> By car (shared) |
| <input type="checkbox"/> By motorbike / moped / scooter | <input type="checkbox"/> Not sure / prefer not to state |  |                                       |  |

Other (specify)

**Thank you**