



Job Application Form

Application for the post of:

Personal

First Name: Surname:

Address:

Home no: Mobile no:

Work no: Can we ring you at work? Yes ☐ No ☐

Email address:

Date of birth: Age:

References

Please give the names and full addresses of two people who can verify or confirm your employment record. One must be your line manager at your current/last employer. Please do not use relatives, partners or friends as referees.

1.

Name:

Position held and relationship to you:

Organisation name and address:

Telephone no:

Email address:

May we contact the referee before interview?

Yes

No

2.

Name:

Position held and relationship to you:

Organisation name and address:

Telephone no:

Email address:

May we contact the referee before interview?

Yes

No

To ensure that we have the correct emergency contact details for individual staffs please complete the fields below. Be reminded this information is kept in the office in the lockable file. Next of Kin will only be contacted in case of an emergency.

Next Of Kin 1 (Spouse/ Partner)

Contact Name	
Contact Mobile	
Contact Work Number	

Next Of Kin 2 (Family member/ Friend)

Contact Name	
Contact Mobile	
Contact Work Number	

Recruitment Monitoring Form – confidential

Equal Opportunities

We are committed to equal opportunities in employment. As part of this policy, all applicants for employment are requested to complete this section for the purposes of monitoring the policy and it will be separated from your application. This information it contains will not used in deciding whether or not to invite you to interview or offer you employment. As an Equal opportunities employer, we aim to ensure that no job applicant or employee received less favorable treatment on the grounds of age, sex, race, colour, martial status, religion, ethnic origin, nationality or sexual orientation. Please help us achieve our main aim by completing the following questions:

If you are invited to attend for interview or take up employment and require special arrangements please give details below:

Disability:

Do you consider yourself to have a disability?

Yes

☐

No

☐

If so please state:

Are you Pregnant? Yes { } No { }

If so please state how many weeks:

Gender:

Male

☐

Female

☐

Ethnic Origin

I would describe my race or ethnic origin as (please tick appropriate box):

White

White British

☐

White Irish

☐

White other

☐

Black

Black British

☐

Black African

☐

Black Caribbean

☐

Black other

☐

Asian

Bangladeshi

☐

Pakistani

☐

Indian

☐

Asian other

☐

Chinese

Chinese

☐

Chinese other

☐

Mixed

White and Black Caribbean

☐

White and Black African

☐

White and Black Asian

☐

Other please state:

Experience/relevant skills

Having read the job description and person specification, please state how your experience and achievements to date would make you a suitable candidate for this post. You should address each of the criteria detailed on the person specification and provide examples of how you meet these.

If you need to continue beyond this page of the form, please use A4 sized white paper.

Do you have a driving licence? Yes ☐ No ☐

Do you have access to a vehicle? Yes ☐ No ☐

Do you have access to public transport? Yes ☐ No ☐

Do you have any relationship (i.e. family, friends) with anyone working for the provision? Yes ☐ No ☐

Declaration

Any of the above particulars may be subject to verification. I understand that any false, inaccurate or incomplete information could result in dismissal, disciplinary action or withdrawal of any offer of employment.

I declare that the information given on this is, to the best of my knowledge, correct and complete and can be treated as part of any subsequent contract of employment.

I understand that the early years setting may process, by means of a computer database or otherwise, any information which I provide to it, for the purpose of employment with the setting.

Signature of applicant: _____ Date: _____

Employee disclosure and barring declaration:

This post is exempt from the Rehabilitation of Offenders Act 1974 and therefore applicants are required to declare:

- All unspent convictions and conditional cautions
- All spent convictions and adult cautions that are not protected (i.e. that are not filtered out) as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2020).

The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered 'protected'. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account. Guidance about whether a conviction or caution should be disclosed can be found on the Ministry of Justice Website and on the websites of charities NACRO and UNLOCK.

Guidance and criteria on the filtering of these cautions and convictions can be found at the Disclosure and Barring Service website: www.gov.uk/dbs.

Do you have any unspent convictions or conditional cautions?

Yes ☐

No ☐

Do you have any spent adult cautions (simple or conditional) or convictions that are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended)?

Yes ☐

No ☐

If you have answered yes to either question, you now have two options for disclosing your criminal record.

Option 1: You can disclose your criminal record on a separate sheet provided that you mark a cross on the line below and attach the details in an envelope. The envelope should be marked CONFIDENTIAL and state your name and details of the post.

I have attached details of my conviction separately_____ (please mark with an X if appropriate.)

Option 2: Please provide details in the space below.

I consent to Bambinos Montessori Nursery holding the data in the equal opportunities section of this form in your database and manual file.

Declaration

I declare that the information provided on this form is correct. I understand that the declaration of a criminal record will not necessarily prevent me from being offered this role at BAMBINOS MONTESSORI NURSERY LTD

Signature of applicant:

Date:

Qualifications achieved (start with most recent):

Secondary Schools, Colleges, Universities	From:	To:	Brief details of course/qualifications undertaken:	Grade:

Study currently being undertaken:

Secondary Schools Colleges, Universities	From:	To:	Brief details of course/qualifications undertaken:	Grade (if known):

Professional or other qualifications, apprenticeships, memberships of professional organisations:

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Other training you have received which you consider relevant: (i.e – first aid)

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Employment History:

Current/most recent employment:

Name and address of employer:

Date started: Until: Notice required:

Job Title: Basic salary per annum:

Brief description of duties:

Reason for leaving:

Other employment/career history starting with most recent:

For posts which involve working with children, please give full employment history; accounting for any gaps (please continue on a separate sheet of paper if necessary).

From:	To:	Employer/Organisation name and address:	Post:	Reason for leaving:

Please give details of other interests including involvement in voluntary organizations which you consider relevant:

Experience/relevant skills

Having read the job description and person specification, please state how your experience and achievements to date would make you a suitable candidate for this post. You should address each criteria detailed on the person specification and provide examples of how you meet these. If you need to continue beyond these pages of the form please use A4 sized white paper.

**DISABILITY OR HEALTH PROBLEMS DO NOT PRECLUDE FULL CONSIDERATION FOR THE
JOB AND APPLICATIONS FROM DISABLED PERSONS ARE WELCOMED.**

Health:

Please give number of sick days in the last 12 months:

Please give number of separate occurrences if illness in last 12 months:

Do you suffer any of the below:

Diabetes ☐

High Blood Pressure ☐

Have you had TB ☐

Asthma ☐

Back Problems ☐

Heart condition ☐

Depression/ Stress ☐

Have you had Chicken pox ☐

Kidney Problems ☐

Visual Impairment ☐

Epilepsy ☐

Hearing Impairment ☐

Do you suffer any allergies _____

Travel:

Do you have a driving licence?

Yes ☐ No ☐

Do you have access to a vehicle?

Yes ☐ No ☐

Do you have access to public transport?

Yes ☐ No ☐

Do you have any relationship (i.e. family, friends) with anyone currently working for the pre-school?

Yes ☐ No ☐

Declaration

Any of the above particulars may be subject to check. I understand that any false, inaccurate or incomplete information could result in dismissal, disciplinary action or withdrawal of any offer of employment.

I declare that the information given on this is to the best of my knowledge correct and complete and can be treated as part of any subsequent contract of employment.

I understand that Bambinos Montessori Nursery may process, by means of a computer database or otherwise, any information which I provide to it, for the purpose of employment with the pre-school.

Signature: Date:

Please return to the Manager by hand or post.

Upon receiving application form to Manager:

Signature: Date: