

Job Application Form

This form should be used to apply for a job and should be accompanied by an Equality Details Form. This form contains important information which will be used to assess your application for the role and also to then confirm your employment and personal details and so you should ensure it is accurately completed, and that you have clearly demonstrated how you meet the requirements of the role.

Further guidance is available in our Applicant Guide to Applying for a Job. This form must be received prior to the specified closing date and is available in other formats on request. **For queries about the role, your application or to submit this form, please use the details provided in the advertisement.**

As an employer we are committed to equal opportunities in employment and we positively welcome your application irrespective of your gender, race, disability, colour, ethnic origin, nationality, sexuality, gender identity, marital status, religion, trade union activity or age.

Vacancy Details

Job Title			
School			
Campaign No.			
Where did you first hear / read about this job?			
Do you wish to apply for the position on a part-time or job-share basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Personal Details

Surname(s)			
Forename(s)			
Title			
NI Number			
Home Address			
Home Tel. No.	Mobile Tel. No.		
Email Address			

Teaching Staff Only	Teacher Reference number (DfES) (if known)	
---------------------	--	--

Employment History

Provide details of your employment history, starting with your most recent / current employer and working back. Please account for any gaps. Continue on a separate sheet if necessary.

Employer			
Job Title			
Start Date		End Date	
Reason for Leaving			
Address of employer / brief details of duties and responsibilities			
Employer			
Job Title			
Start Date		End Date	
Reason for Leaving			
Address of employer / brief details of duties and responsibilities			
Employer			
Job Title			
Start Date		End Date	
Reason for Leaving			
Address of employer / brief details of duties and responsibilities			
Employer			
Job Title			
Start Date		End Date	
Reason for Leaving			
Address of employer / brief details of duties and responsibilities			

Education

Provide details of your education history, starting with your most recent / current experience and working back. Please account for any gaps. Continue on a separate sheet if necessary.

Establishment			
Start Date		End Date	
Education Type (e.g. Degree)			
Establishment			
Start Date		End Date	
Education Type (e.g. Degree)			
Establishment			
Start Date		End Date	
Education Type (e.g. Degree)			
Establishment			
Start Date		End Date	
Education Type (e.g. Degree)			

Qualifications / Training

Provide details of your qualifications which are relevant to the job. Continue on a separate sheet if necessary.

Type / Level	Subject	Date Obtained	Result

References

Please give details of two referees, one of which must be your current or most recent employer and the second either an employment or educational reference. References will be sought for shortlisted candidates and scrutinised prior to interview.

Surname(s)		
Forename(s)		
Title		
Job Title		
Address		
Telephone No.		
Relationship to you		
Email Address		

Surname(s)		
Forename(s)		
Title		
Job Title		
Address		
Telephone No.		
Relationship to you		
Email Address		

Application Questions

Provide any additional information or comments you wish to bring to the attention of the selection panel. In this section you must ensure you demonstrate fully how you meet each of the criteria set out in the person specification of the post you are applying for including any experience, skills and abilities that you have gained, both in work and outside paid work such as voluntary / community work. You may find it helpful to address each of the criteria in turn. Continue on a separate sheet if necessary.

Additional Questions

We positively encourage applications from disabled people who have the necessary skills and experience for the job. For disabled people who are able to show they meet the essential requirements for the job, we are pleased to guarantee an interview. If you have a disability, please outline below any reasonable adjustments you require for interview and / or to help you in this job.

Do you consider yourself to be disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require reasonable adjustments for your interview?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, provide details.		
Are you related to, or have a personal relationship with a Councillor, Governor or Employee of the School or Warwickshire County Council? (Failure to make proper disclosure shall disqualify you for the appointment, and if appointed, shall render you liable to dismissal without notice)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, provide details		
Provide details of any memberships you have with any organisation that may be relevant to the job you are applying for.		
The amendments to the Exceptions Order 1975 (2013 & 2020) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Ministry of Justice website		

Declaration

With this application, I hereby consent to the information in this form being retained for recruitment, selection and employment related purposes. I understand that any offer of employment is subject to the relevant pre employment checks including but not limited to satisfactory a) Verification of identity b) References, c) DBS Certificate and check of the barred list/s (if applicable), d) Medical clearance e) Proof of eligibility to work in the UK f) Proof of qualifications and registrations. I declare that all statements I make in this application are true and, to the best of my knowledge and belief, that I have not withheld any relevant information. I understand that if I have made any false statements or omitted any information, I am liable to have my application rejected, or if appointed, liable to be dismissed.

Signature

*

Date

*a signature is not required if this form is emailed from your given email address.