

**ST JOHN’S COLLEGE**

**CAMBRIDGE**

**APPLICATION FOR EMPLOYMENT**

This form has **two parts**:

* You must fill out **Part 1** to provide the information we need to consider your application.
* In support of your application you must also submit a *curriculum vitae* and covering letter
* **Part 2** is optional and is for the purposes of monitoring the effectiveness of our equal opportunities policy. We will separate this part from the rest of the form when we receive it and will not use it as part of the selection process.

If you are successful, we will keep your application form. If you are unsuccessful, we will destroy it no later than twelve months from our decision not to employ you.

|  |  |
| --- | --- |
| Position applied for |  |

### PART 1

### PERSONAL DETAILS

|  |  |
| --- | --- |
| Last name |  |
| First name(s) |  |
| Current address  Post code |  |
| Home telephone |  |
| Mobile telephone |  |
| E-mail address |  |
| Immigration status | Are you a British / European Economic Area Citizen?  Yes  No  If ‘No’, do you already have permission to take up new employment in the UK?  Yes  No |
| UK National Insurance number (where held) | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | |

### EDUCATION, QUALIFICATIONS & TRAINING

**Education**

Starting with the most recent, please give details of your education. We may ask you to produce qualification certificates if we ask you to attend an interview.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Place of learning | Start date | End  date | Qualification level (if applicable) | Subject | Grade (if applicable) |
|  |  |  |  |  |  |

**Training**

Starting with the most recent, please give details of any training which is relevant to your application. We may ask you to produce qualification certificates if we ask you to attend an interview.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Place of learning | Start date | End  date | Qualification level (if applicable) | Subject | Grade (if applicable) |
|  |  |  |  |  |  |

**Professional Body Membership**

Please give details of any professional body membership which you hold.

|  |  |
| --- | --- |
| Professional body |  |
| Membership level |  |
| Start date |  |

### CAREER HISTORY

Starting with the present, please give details of your full career history. As well as employment, please include any periods of voluntary work, travel, career breaks and unemployment. If you have worked for the College before, we may ask the relevant department about your employment record.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Start date (month/year) | End  date  (month/  year) | Employer | Job title | Key responsibilities | Reason for leaving or notice period (where applicable) | Annual salary |
|  |  |  |  |  |  |  |

### SUITABILITY FOR THE ROLE

Please review the requirements of the role and provide evidence of how you meet these, using specific examples.

|  |
| --- |
|  |

### REFERENCES

Please provide details of two people (not relatives or friends) who will each provide an employer’s reference. Your referees must be your current or most recent employers. If you do not have a current or recent employer, please provide details of your lecturer/course tutor/unpaid work employer etc.

**First reference**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Nature of relationship to you |  |
| Address: |  |
| Telephone number |  |
| E-mail address |  |
| Can we contact this referee before the interview? | Yes  No |

**Second reference**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Nature of relationship to you |  |
| Address |  |
| Telephone number |  |
| E-mail address: |  |
| Can we contact this referee before the interview? | Yes  No |

**ADDITIONAL INFORMATION**

**Disclosure of criminal background**

|  |  |
| --- | --- |
| Have you ever been (i) cautioned (ii) convicted of a criminal offence which is not considered to be spent or (iii) do you have any hearings pending? | Yes  No  If ‘YES’ please provide further information on a separate sheet. |

**Advertising Source**

|  |  |
| --- | --- |
| Where did you first learn about this vacancy? |  |

**Details of relatives at College**

|  |  |
| --- | --- |
| Are you related to anyone at the College? | Yes  No  If ‘Yes’, please give details below |
| Name |  |
| Relationship to you |  |
| Job title |  |

**Other comments**

|  |  |
| --- | --- |
| Any other comments/information that may be relevant to your application |  |

### APPLICANT DECLARATION & DATA CONSENT

The information which you have provided in Part 1 of this form will be used to process your application. It will not be passed to third parties or used for other purposes. Procedures are in place for protecting your data in accordance with the principles contained in the Data Protection Act 1998. Your details may be stored electronically in a password protected system and/or as paper copies in a secure cabinet. Please read the statements below and then sign and date to confirm your acceptance of them.

|  |
| --- |
| * I confirm that I have read and understood the information above. * I confirm that the information I have given in this application for employment form and any supporting documents is correct and complete. * I understand that failure to disclose any relevant information or the provision of false information may lead to dismissal and subsequent termination of contract of employment. * I understand that St John’s College may carry out a verification process and may check all or any of the information provided on the application form, provided on the c.v., given in references and presented as proof of identity. * I understand that an appointment, if offered, may be subject to a satisfactory medical examination and/or satisfactory completion of other pre-employment checks.   Signature  Date |

### PART 2

### EQUAL OPPORTUNITIES MONITORING (OPTIONAL)

The College is an equal opportunities employer and we are committed to treating all job applications on their merits. We will use the information collected from this optional part of the application for statistical and monitoring purposes so that we can make sure that our equal opportunities policy is working. We will separate this part from the rest of the form when we receive it. We will not use it as part of the selection process. Sensitive information will be used by the College to generate anonymised statistics which will never be presented in a form that allows individuals to be identified.

|  |  |
| --- | --- |
| Position applied for |  |

**Gender**

|  |  |
| --- | --- |
| What is your gender? | Female  Male  Prefer not to say |

**Date of Birth**

|  |  |
| --- | --- |
| What is your date of birth? | \_\_/\_\_/\_\_\_\_  Prefer not to say |

**Nationality**

|  |  |
| --- | --- |
| Which country defines your national identity? | Country:  Prefer not to say |

**Ethnic Origin**

The Higher Education Statistics Agency (HESA) specifies categories for ethnicity data and these categories are also recommended by the Equality and Human Rights Commission. Our use of these categories does not mean that the College thinks that they are the most appropriate.

|  |  |
| --- | --- |
| What is your background? | **White:**  British  Irish  White background – other  **Mixed:**  White and Black Caribbean  White and Black African  White and Asian  Mixed background – other  **Asian or Asian British:**  Indian  Pakistani  Bangladeshi  Asian background – other  **Black or Black British:**  Caribbean  African  Black background – other  **Chinese:**  Chinese  **Other ethnic group:**  Other ethnic group  **Prefer not to say:**  Prefer not to say |

**Disability**

The Higher Education Statistics Agency (HESA) specifies categories that can be used for the collection of disability data. Our use of these categories does not mean that the College thinks that they are the most appropriate.

|  |  |
| --- | --- |
| Do you regard yourself as in any way disabled? | Yes  No  Prefer not to say |
| If yes, what is the nature of your disability? | Please tick the appropriate box. If you experience more than one type of impairment, please tick the box next to all of the types that apply. If your disability does not fit any of these types, please tick other.  Specific learning disability (such as dyslexia or dyspraxia)  General learning disability (such as Down’s Syndrome)  Cognitive impairment (such as autistic spectrum disorder or resulting from head injury)  Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy  Mental health condition (such as depression or schizophrenia)  Physical impairment or mobility issues (such as difficulty using arms or using a wheelchair or crutches)  Deaf or serious hearing impairment  Blind or serious visual impairment  Other type of disability |