

PRIVATE AND CONFIDENTIAL



APPLICATION FOR EMPLOYMENT

Post Applied For	
Reference Number	

Please complete in full. Incomplete or late applications will not be accepted.

PERSONAL DETAILS		
Title		
Surname		
Forenames		
Preferred Forename		
Full Address (including postcode)		
Home Telephone Number	Work Telephone Number	Mobile Telephone Number
Email Address:		
If necessary, can we contact you on your work telephone number? YES <input type="checkbox"/> NO <input type="checkbox"/>		
National Insurance Number:		
If you are not a citizen of the UK or the EU (indicated on your passport) do you have a permit to work in the UK? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Do you have a current driving Licence? YES <input type="checkbox"/> NO <input type="checkbox"/>
Car: <input type="checkbox"/> HGV: <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Please give details of any endorsements:
Do you have your own transport? YES <input type="checkbox"/> NO <input type="checkbox"/>

EMPLOYMENT HISTORY

(Please indicate any gaps in employment and use additional pages if required. If this is your first job after leaving full-time education, you may wish to give details of temporary employment or work experience placements).

PRESENT OR MOST RECENT EMPLOYMENT

Are you currently employed? YES NO

Name and Address of Current / Most Recent Employer:

Telephone Number:

Job Title:

Salary:

Grade:

Date Commenced:

Reason for Leaving:

Period of Notice:

Leaving Date:

Brief Description of Duties and Responsibilities:

Please continue on a separate sheet if necessary.

PREVIOUS EMPLOYMENT (Please list most recent previous employment first)				
From	To	Name and Address of Employer	Job Title and Duties	Reason for Leaving

ADDITIONAL INFORMATION

Please explain what skills, experience and personal qualities you would bring to the Oxford Science Park, how they relate to the post you have applied for and why you are interested in this post

Please continue on a separate sheet if necessary.

MEMBERSHIP OF PROFESSIONAL BODIES		
Name of Professional Body	Membership Grade and / or Registration Number	Date

RELEVANT TRAINING COURSES ATTENDED			
Course Title	Course Provider	Duration	Date Completed

EDUCATION HISTORY				
Please include secondary and further education (University/college/apprenticeship, etc).				
School/College/University/ Institute	From	To	Qualification and dates	Pass/Grade

OTHER EMPLOYMENT

Please note any other employment or duties (e.g. territorial army, school governor etc) you would continue with if you were to be successful in obtaining this position.

HEALTH DETAILS

Please list all sickness absences from work in the past two years and the reason for such absences.

Date:	Reason:	Number of Days Absent:
Please continue on a separate sheet if necessary.		

CRIMINAL RECORD

Please state any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state this. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Record Bureau/Scottish Criminal Records Office.

ADVERTISING

Please state where you saw this vacancy.

REFEREES			
Please give the details of two people, who are not related to you, who have consented to act as referees on your behalf, one of whom must be your present or most recent employer.			
Referee's name and job title	Full address, telephone number and email address	In what connection does this person know you?	May we approach prior to interview
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

DECLARATION (Please read this carefully before signing this application):
<p>Please sign and date the declaration below:</p> <p>I declare that the information given by me, to the best of my knowledge, is true and complete.</p> <p>I acknowledge that dishonesty or the giving of incorrect information on purpose may render this application and any subsequent employment invalid and subject to summary termination.</p> <p>I understand that it may be necessary for the Magdalen Development Company to process information about me which could be regarded as Sensitive Personal Data under the Data Protection Act 1998. I hereby consent to the processing of such data.</p> <p>Signed: _____ Dated: _____</p>

Please return to:

**Shannon Blaszkowski, Manager, The Magdalen Centre, The Oxford Science Park, Robert
 Robinson Avenue, Oxford, OX4 4GA
 Telephone: 01865 784000. Email: Shannon.Blaszkowski@oxfordsp.com
 (Applications received by email will not be accepted)**