



**ST. WILFRID'S**

29 Tite Street, Chelsea, London SW3 4JX Telephone: 0207 351 5339 Fax: 0207 376 5539

Website: [www.stwilfridssw3.com](http://www.stwilfridssw3.com)

**CONFIDENTIAL**  
**APPLICATION FOR EMPLOYMENT**

<b>Position Applied For:</b>
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<b>Surname:</b>
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<b>Nee:</b>	<b>Mr</b>	<b>Ms</b>
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<b>Forenames:</b>
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<b>Present Address:</b>	
	<b>Post Code:</b>

<b>(if less than two years please advice previous address)</b>
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<b>Telephone - Daytime:</b>	<b>Evening:</b>	<b>Work:</b>
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<b>Person to contact in an emergency/Next of Kin:</b>		
<b>Name:</b>	<b>Relationship:</b>	
<b>Address:</b>		
<b>Telephone - Daytime:</b>	<b>Evening:</b>	<b>Work:</b>

<b>Where did you see this vacancy?</b>
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<b>If you are offered employment with us are you able to demonstrate your right to work in the UK via presentation of your National Insurance Number or other Permit to Work documentation confirming this right?</b>	<b>YES/NO</b>
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**Educational Qualifications**

<b>Schools Attended</b>	<b>Period</b>	<b>Qualification Obtained</b>	<b>Year Obtained</b>

<b>Higher Education</b>	<b>Period</b>	<b>Qualification Obtained</b>	<b>Registration No (if applicable)</b>

**PRESENT STUDIES**

<b>Day Release/Correspondence Courses/Other Training Courses</b>

**Typing/Shorthand Speeds (if applicable):** Typing:                      WPMS/Hand:                      WPM

**LANGUAGES other than English in which you are fluent:**

**HEALTH**

**Have you had any hospital treatment in the last 2 years?**                      **YES/NO**

**If YES, please specify (use another sheet if necessary);**

**Number of days off work due to sickness during the past 2 years:**

**PRESENT EMPLOYER**

Name and Address	Present Post	Held From
Period of notice required:		Present Salary:

**PREVIOUS EMPLOYMENT POSTS IN THE LAST 10 YEARS (Showing most recent first)**

Name and Address	Post Held	Dates	Reason for leaving
		From:	
		To:	
		From:	
		To:	
		From:	
		To:	
		From:	
		To:	

Name and Address of two referees one of which must be your present employer, the other preferably employer. References will normally be taken up after shortlisting unless you indicate otherwise.

<u>First Referee</u>	<u>Second Referee</u>
<p><b>Name:</b> <b>Address:</b></p> <p><b>Telephone:</b></p> <p><b>If NOT employer, then state relationship:</b></p>	<p><b>Name:</b> <b>Address:</b></p> <p><b>Telephone:</b></p> <p><b>If NOT employer, then state relationship:</b></p>

**INTERESTS relevant to the post for which you are applying. Continue on a separate sheet if necessary.**

**CONVICTIONS**

**Have you any criminal convictions?**

**YES/NO**

**If YES, please give details:**

**NOTE**      **Applicants for posts in Health and Social Services are not entitled to withhold information about convictions however long ago these occurred. Any information given will be completely confidential and will be considered only in relation to applications for positions covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Failure to disclose such convictions could result in dismissal or disciplinary action by the Home.**

**All appointments are subject to satisfactory references and health clearance.**

**I confirm that the information given on this form is correct.**

**SIGNED:**

**DATE:**

**FOR OFFICE USE ONLY**