



Staff Application Form

Position applied for:.....

Title:.....

Surname:.....

First name:.....

Date of birth:/...../...../

Gender: (m/f)

Marital Status:.....

Address:

Phone (Day):

Evening:

Cell:

Social Security number

Do you need a work permit? If yes please give details:

Are you a registered disabled? If yes please give details:

Present or Most Recent Employment

Name of Employer:

Address:

Position held

Date started:

Until:

Notice Required:

Salary:

Full/Part time:

Hours:

Permanent/Temporary:

Brief Description of Duties:

Reasons for leaving if no longer employed:

Previous employment/work experience

(This should also include any voluntary and temporary work)

From/To	Employer's name and address	Position Held	Reasons for leaving

Continue on additional sheets as necessary (Please state number of sheets)

Education, training and qualifications

Secondary school/further education/college

From/To	Name of establishment	Examination results subject, level, grade

Training Courses Attended if Relevant

Course title or description and provider	Courses attended	Date Attended

Language and special skills

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Do you suffer from any illnesses or have any health problems?

(If yes please give details)

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Can we contact your Doctor?**Doctor's name:****Address:****TEL:****References**

Please give names and addresses of two people who can verify your employment record. One should be your present employer or your most recent employer if you are currently unemployed. If you have not been in paid employment, please give the head of education or training establishment and/or the manager of a voluntary group for whom you have worked.

Name:

Address:

Phone/Fax:

E-mail:

Position held:

Name:	
Address:	
Phone/Fax;	
E-mail:	Position held:

Please give details if you do not wish us to take up references prior to interview

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Personal statement

Please explain your skills knowledge and experience in childcare that meets the requirements for this post and why you should be chosen for this position.

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Continue on additional sheets as necessary (please state number of sheets attached)

Declaration

I declare that to the best of my knowledge the information I have given on this form is correct and true.

I understand that any deliberate, misleading statement or omission could render me liable for dismissal without notice, if appointed.

Signed:

Date: / /