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[www.broadhillpreschool.co.uk](http://www.broadhillpreschool.co.uk)

## Job Application Form

Please complete this form in type or black ink. All questions must be answered in the boxes provided.

Post: \_\_\_\_\_ Closing Date: \_\_\_\_\_

First name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Emergency Contact Details \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Only complete this section if the job description indicates that the post is exempt from the provisions of the Rehabilitation Act 1974.**

Have you ever been convicted of any criminal offence? **YES/NO**

If **YES**, please give details of the conviction(s) and date(s) in the space provided below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you need a work permit to work in the UK? **YES/NO** National Insurance Number: \_\_\_\_\_

Registered Charity 271750

1 of 7

Ofsted Registration 134458







Other training you have received which you consider relevant:

Three horizontal lines for writing.

Do you have a driving licence? YES/NO  
transport? YES/NO

Do you have reasonable access to public

Do you have access to a vehicle? YES/NO

Other employment/career history starting with most recent:

For posts which involve working with children, please give full employment history, accounting for any gaps (please continue on a separate sheet of paper if necessary).

Table with 5 columns: From, To, Employer: Name and Address, Post, Reason for Leaving. Multiple empty rows for data entry.





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**Declaration**

Any of the above particulars may be subject to check. I understand that any false, inaccurate or incomplete information could result in dismissal, disciplinary action or a withdrawal of any offer of employment.

I declare that the information given on this form is to the best of my knowledge correct and complete and can be treated as part of any subsequent contact of employment.

I understand that the Pre-school may process, by means of a computer database or otherwise, any information which I provide to it, for the purpose of employment with the Pre-school.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## EQUAL OPPORTUNITIES

We are committed to Equal Opportunities in Employment. As part of this policy, all applicants for employment are requested to complete this section for the purposes of monitoring the policy and it will be separated from your application. The information it contains will not be used in deciding whether or not to invite you to interview or offer you employment. As an Equal Opportunities Employer, we aim to ensure that no job applicant or employee receives less favourable treatment on the grounds of age, sex, race, colour, marital status, religion, ethnic origin, nationality or sexual orientation. Please help us to achieve our main aim by completing the following questions:

Name: surname and forename(s) in full \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

If you are invited to attend for interview or to take up employment, and require special arrangements, please give detail below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Gender:

Male

Female:

### Disability:

Do you consider yourself to have a disability? Yes  No

Are you registered disabled? Yes  No



I would describe my race or ethnic origin as (please tick appropriate box):

- |               |                          |               |                          |                 |                          |
|---------------|--------------------------|---------------|--------------------------|-----------------|--------------------------|
| White British | <input type="checkbox"/> | White Irish   | <input type="checkbox"/> | White Other     | <input type="checkbox"/> |
| Black African | <input type="checkbox"/> | Black British | <input type="checkbox"/> | Black Caribbean | <input type="checkbox"/> |
| Black Other   | <input type="checkbox"/> |               |                          |                 |                          |
| Bangladeshi   | <input type="checkbox"/> | Chinese       | <input type="checkbox"/> | Indian          | <input type="checkbox"/> |
| Pakistani     | <input type="checkbox"/> | Other         | <input type="checkbox"/> |                 |                          |

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Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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