



William House Nursery Ltd

The Old Presbytery, Barton Street, Darlington, Co. Durham. DL1 2LN

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William House Nursery Ltd is committed to the development of positive policies to promote equal opportunities in employment following the National Standards for Full Day Care regardless of sex, marital status, creed, colour, race, ethnic origin, disability or age.

Equal Opportunity Employer
In Confidence

PLEASE COMPLETE THIS FORM IN INK AND USE BLOCK CAPITALS.

All information must be truthfully given and will be checked by William House Nursery Ltd , Ofsted and Criminal Records Bureau. Any checks unsatisfactory may result in employment being terminated.

APPLICATION FOR EMPLOYMENT

STAFF

POSITION APPLIED FOR

SURNAME..... TITLE..... SEX.....

FORENAME (1) DATE OF BIRTH AGE

FORENAME (2)..... NATIONALITY.....

PREFERRED NAME..... MARITAL STATUS married/divorced/partner/single

PREVIOUS NAME..... No OF CHILDREN AGED.....

NATIONAL INSURANCE NUMBER.....

TAX CODE.....

ADDRESS..... TELEPHONE No (home)

..... MOBILE No

.....

.....

POSTCODE

ETHNIC ORIGIN

Please help us to assess our progress as an Equal Opportunities Employer by indicating your Ethnic Origin,(Please circle);

- | | | |
|------------------------|-------------|-----------------|
| White- UK/Irish | Indian | Black Caribbean |
| European | Pakistani | Black African |
| Chinese | Bangladeshi | Black – Other |
| Other – please specify | | |

Are you free to work in the European Union YES/NO Do you require a Work Permit YES/NO

Birth Certificate Seen YES/NO Marriage/ Divorce Certificate Seen YES/NO

Are any of your relatives employed at William House Nursery Ltd YES/NO

If yes give names and relationship to you

Have you previously worked at William House Nursery Ltd YES/NO

If yes please give Details and Dates.....

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DEPENDANTS AND NEXT OF KIN

SURNAME

RELATIONSHIP.....

INITIAL/FORENAME DATE OF BIRTH

ADDRESS.....

.....

.....

.....

POSTCODE

CONTACT TELEPHONE No

MOBILE No

EMPLOYMENT HISTORY (List Present/most recent first)

Dates to and from	Name and address of employer	Position held	Salary	Reason for leaving

PLEASE ACCOUNT FOR ANY BREAK IN EMPLOYMENT

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EDUCATION

Dates – to and from	School/college/University

QUALIFICATIONS (Please include all Academic and Professional Qualifications)

Date	Qualification	Grade	Level	Awarding body

KNOWLEDGE OF FOREIGN LANGUAGES (Please state good, fair)

Language	Read	Write	Speak

TRAINING

Date	Course subject / title

DO YOU HOLD AN ENVIRONMENTAL HEALTH OFFICE APPROVED CERTIFICATE IN

BASIC FOOD HYGIENE YES / NO DATE PASSED.....

DATE EXPIRED

DO YOU HOLD A NATIONALLY RECOGNISED

FIRST AID CERTIFICATE YES / NO DATE PASSED

DATE EXPIRED.....

REFERENCES

WE WILL NOT CONTACT ANY REFEREE WITHOUT PERMISSION

PLEASE GIVE THE NAMES OF THREE REFEREES

ONE OF WHOM SHOULD BE YOUR PRESENT OR LAST EMPLOYER

A RELATIVE CANNOT ACT AS A REFEREE

NEWLY QUALIFIED APPLICANTS ARE ASKED TO GIVE A TUTOR'S NAME

Name			
Address			
Postcode			
Tel number			
Position			
Relationship of referee to applicant			

NAME AND ADDRESS OF GP

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.....
.....

TELEPHONE No

ARE YOU AT PRESENT ATTENDING YOUR FAMILY DOCTOR, OR TAKING MEDICATION? YES / NO

If so give details

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ARE YOU AT PRESENT ATTENDING HOSPITAL? YES / NO

If so please give details

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HAVE YOU HAD ANY HOSPITAL ADMISSIONS DURING THE LAST TWO YEARS? YES / NO

If so give details.

HAVE YOU HAD ANY SERIOUS ILLNESS IN THE LAST FIVE YEARS? YES / NO

If so give details

HAVE YOU BEEN VACCINATED AGAINST TUBERCULOSIS (BCG) YES / NO

If yes please state where

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If no please give details

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IF YOU HAVE HAD A PREVIOUS XRAY, PLEASE INDICATE DATE AND HOSPITAL?

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HAVE YOU RECENTLY SUFFERED FROM UNEXPLAINED WEIGHT LOSS, BLOOD STAINED PHLEGM OR A PERSISTENT COUGH LASTING MORE THAN FOUR WEEKS? YES / NO

SIGNATURE DATE

ADDITIONAL INFORMATION

PLEASE GIVE DETAILS OF LEISURE ACTIVITIES AND SKILLS, ACHIEVEMENTS ATTRIBUTES AND OTHER EXPERIENCE THAT YOU FEEL WOULD SUPPORT YOUR APPLICATION.

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DO YOU HOLD A FULL UK DRIVING LICENCE YES / NO

DO YOU HAVE ANY ENDORSEMENTS YES / NO

IF YES GIVE DETAILS

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HOW DID YOU LEARN ABOUT THE VACANCY

WILL WE BE YOUR ONLY EMPLOYER.....

IF NO PLEASE GIVE DETAILS.....

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GIVE DETAILS OF ANY CRIMINAL OR CIVIL CONVICTIONS (INCLUDING COUNTY/SHERIFF COUNTY JUDGEMENTS BUT EXCLUDE ANY SPENT CONVICTIONS AS DEFINED BY THE REHABILITATION OF OFFENDERS ACT 1974) IF NONE STATE NONE DO NOT LEAVE BLANK.

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DO YOU PERFORM ANY SERVICES OR DUTIES THAT MAY REQUIRE
EXTRA TIME OFF WORK YES / NO

IF YES PLEASE GIVE DETAILS.....

.....

DO YOU HAVE ANY HOLIDAYS BOOKED YES / NO

PLEASE GIVE DETAILS

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TERMS AND CONDITIONS OF EMPLOYMENT

TO HAVE AWARENESS OF FULL DAY CARE - OFSTED GUIDANCE TO THE NATIONAL STANDARDS 1 – 14 , ANNEX A & B AND APPENDIX 1 & 2.

ENGAGEMENT

ALL ENGAGEMENTS OF OFFERS OF EMPLOYMENT, UNLESS OTHERWISE STATED, ARE PROBATIONARY (UP TO 12 WEEKS) AND DEPENDENT OF ALL NECESSARY CHECKS AND REFERENCES BEING SATISFACTORY.

PROTECTIVE CLOTHING

ALL EMPLOYEES ARE REQUIRED TO CONFORM TO ANY DRESS REGULATIONS COVERING THEIR PLACE OF EMPLOYMENT AND WEAR PROTECTIVE CLOTHING WHERE PROVIDED.

EDUCATION AND TRAINING

WHERE REQUIRED EMPLOYEES WILL PARTICIPATE IN EDUCATION AND/OR TRAINING APPROPRIATE TO THEIR WORK.

MEDICAL EXAMINATION

EMPLOYEES MUST AGREE TO BE EXAMINED BY AN INDEPENDENT MEDICAL PRACTITIONER SHOULD WILLIAM HOUSE NURSERY LTD SO REQUEST.

HEALTH AND SAFETY

THE EMPLOYEE MUST UNDERTAKE TO COMPLY WITH THE HEALTH AND SAFETY POLICY MANUAL AND CONFORM TO ALL HEALTH AND SAFETY GUIDANCE, OBEY ALL REASONABLE AND PRACTICABLE INSTRUCTIONS GIVEN DURING THE COURSE OF THEIR EMPLOYMENT.

BASIC HOURS

BASIC HOURS WILL BE ON A FLEXI/PERMANENT/TEMPORARY BASIS FULL TIME/PART TIME BETWEEN 7.30am AND 6pm MONDAY TO SATURDAY.

PAYMENT OF WAGES

YOUR HOURLY RATE WILL BE £.....
WAGES FOR ALL STAFF WILL BE PAID ON A 4 WEEKLY BASIS THROUGH DIRECT BANKING BACS.

HOLIDAYS

4 WEEKS PAID HOLIDAY PER YEAR AS WELL AS STATUTORY BANK HOLIDAYS.
1 WEEK TO BE TAKEN DURING THE CHRISTMAS PERIOD. THE REMAINING 3 WEEKS TO BE NEGOTIATED WITH MANAGEMENT.

NOTICE PERIOD

NOTICE OF FOUR WEEKS IS REQUIRED IN WRITING.
EXIT INTERVIEW TO BE COMPLETED.

SMOKING

WILLIAM HOUSE NURSERY LTD OPERATES A NO SMOKING POLICY.

IF YOU ARE STILL AT SCHOOL AND APPLYING FOR A WEEK END OR VOCATIONAL POSITION AND YOU ARE AGED UNDER 18 YEARS OF AGE A PARENT/GUARDIAN (HEADMASTER IN SCOTLAND) MUST SIGN BELOW

I CONSENT TO THE ABOVE NAMED APPLICANT BEING EMPLOYED BY WILLIAM HOUSE NURSERY LTD

SIGNATURE DATE
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I CERTIFY THAT THE INFORMATION GIVEN ON THE FORM IS CORRECT AND ACKNOWLEDGE THAT ANY FALSE STATEMENT RENDERS ME LIABLE TO SUMMARY DISMISSAL.

I CERTIFY THAT I ACCEPT THE ABOVE TERMS AND CONDITIONS OF EMPLOYMENT.

SIGNATURE DATE
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