

Making Miracles Day Nursery



JOB APPLICATION FORM

Please complete the form in black ink, ensure the finished form is returned by the closing date to the address given on the last page. We are unable to accept forms returned as email attachments without a signature.

Closing Date for applications:

POSITION APPLIED FOR:

Job title:	Setting:
Where did you see this post advertised?	

1. APPLICANT'S DETAILS

Title:	Surname:	First name:
DATE OF BIRTH:		
Home address:		
POST CODE:		
Telephone nos: please include full STD code		
Home:		
Work :		
Mobile (<i>where possible</i>):		
Email Address (<i>where possible</i>):		
Do you hold a current driving licence?	Yes/No	
Are there any restrictions regarding your employment?		
How much notice do you need to give to your current employer?		

2. EMPLOYMENT RECORD

Please start with your most recent employment. Briefly describe the main duties and responsibilities of your post.

1. Current/most recent employer/organisation

Name:

Address:

Job Title:

From:

To:

Brief description of duties:

Reason for leaving/changing:

2. Employer/organisation

Name:

Address:

Job Title:

From:

To:

Brief description of duties:

Reason for leaving/changing:

3. Employer/organisation

Name:

Address:

Job Title:

From:

To:

Brief description of duties:

Reason for leaving/changing:

Please tell us about your education and any qualifications which you feel are relevant to the post. Include relevant courses which you are currently undertaking. Please start with the most recent.

Name of school/college/ university/training body	Subject studied	Qualification/ Level	Date gained

4. TRAINING

Please list any training you have received or courses which did not lead to a qualification but which you feel are relevant to the advertised post.

Training Course	Date



5. EXPERIENCE / SKILLS

Please give as many details as possible of your skills and experience relating to the role:

1. Please tell us why you wish to work in early years and what skills and qualities you can bring to the role.

6. REFERENCES

Please give name, address and position/occupation of two referees. One must be your present or most recent employer. References will only be taken up for the successful candidate.

1. Name:
Position:
Organisation:
Address:
Tel:
Email:
2. Name:
Position:
Organisation:
Address:
Tel:
Email:

7. DECLARATION AND SIGNATURE

The information supplied in this application form is accurate to the best of my knowledge.

Signed Date

Please note that all successful candidates will be required to complete a Criminal Records to ensure suitability to work with young children. We expect any convictions, cautions, court orders, reprimands and warnings which may affect the suitability of working with children to be declared along with any medical history which may also affect suitability.

All new employees are subject to these checks along with references from two separate sources in order to confirm their appointment.

Thank you for completing the form.

Please email your completed form and return -- to: enquiries@makingmiraclesnursery.com

FOR OFFICE USE ONLY:

Identification verified ·	Qualifications verified ·
Arrange interview Yes · No · Reason for descision:	Arrange call back Yes · No · Reason for descision:
Succesful candidate Yes · No · Reason for descision:	Unsuccesful candidate Yes · No · Reason for descision: