



# ARTISTIV

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## Safer Recruitment - Application Form

**Position Applied For:**

### 1. Personal Details

Title and Full Name of Applicant

Current Address and Post Code

Contact Number

Email Address

National Insurance Number

Are there any restrictions on you taking up employment in the UK?

| Yes | No | If yes, please provide details: |
|-----|----|---------------------------------|
|     |    |                                 |

Emergency Contact Name and Number

### 2. Education and Qualifications

#### **Secondary School/s Attended**

Name and Location

Qualification Attained

**From:**  **To:**

**From:**  **To:**

#### **Universities / Colleges Attended**

Name and Location

Qualification Attained

**From:**  **To:**

**From:**  **To:**

## Education and Qualifications - Continued

### Other Courses Attended

Name and Location

Qualification Attained

|              |            |
|--------------|------------|
| <b>From:</b> | <b>To:</b> |
|              |            |
|              |            |
| <b>From:</b> | <b>To:</b> |
|              |            |
|              |            |
| <b>From:</b> | <b>To:</b> |
|              |            |
|              |            |
| <b>From:</b> | <b>To:</b> |
|              |            |
|              |            |
| <b>From:</b> | <b>To:</b> |
|              |            |
|              |            |

## 3. Employment History (Please, most recent first and continue on a separate sheet if necessary)

Dates of Employment

Name and Address of Employer

Job Title

Reason for Leaving

|              |            |
|--------------|------------|
| <b>From:</b> | <b>To:</b> |
|              |            |
|              |            |
| <b>From:</b> | <b>To:</b> |
|              |            |
|              |            |
| <b>From:</b> | <b>To:</b> |
|              |            |
|              |            |
| <b>From:</b> | <b>To:</b> |
|              |            |
|              |            |

## Employment History - Continued

Dates of Employment

**From:**

**To:**

Name and Address of Employer

Job Title

Reason for Leaving

**From:**

**To:**

**From:**

**To:**

**From:**

**To:**

## 4. Referees

### Referee 1:

Name

Full Address

Contact Number

Email Address

How do you know this person?

Occupation

May we contact this referee prior interview

**Yes:**

**No:**

### Referee 2:

Name

Full Address

Contact Number

Email Address

How do you know this person?

Occupation

May we contact this referee prior interview

**Yes:**

**No:**

## 5. Criminal Convictions Declaration

I am aware that the post for which I am applying is exempt from the Rehabilitation of Offenders Act 1974 and therefore all convictions, cautions or reprimands, warnings or bind-over orders, including those regarded as 'spent' must be declared. I have not been disqualified from working with children, am not name on DfES List 99 or the Protection of Children Act list, and am not subject to any sanctions imposed by a regulatory body.

Do you have any convictions, cautions or reprimands, warnings or bind-over orders?

| Yes                      | No                       | If yes, please attach, in a sealed envelope marked confidential, details of any convictions, cautions, reprimands, warnings or bind-over orders. |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> |  |

All offers of employment are subject to:

- Satisfactory medical fitness
- Receipt of two satisfactory references
- Verification of identity and qualifications including evidence of the right to work in the UK
- An enhanced disclosure from the Disclosures & Barring Service

## 6. Declaration

I am aware that the personal information collected on this form will be used only for the purposes of recruitment and selection for the role I have applied for. The information will not be used for any other purpose nor will it be disclosed to any third party, except where required by law. I declare that the information I have given in this application for employment including any supporting documentation, is to the best of my knowledge, accurate and true. I understand that providing misleading or false information will disqualify me from appointment OR if appointed, may result in my dismissal.

Signed

Date

Please return your completed application form to [orlin@artistiv.com](mailto:orlin@artistiv.com)