**Colchester Zoo Employment Application Form**

**Return completed form by email to the contact named within the advertised vacancy.**

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| Section One – Position Details (type in information) |
|  Position applied for: | Click to enter text |
| Department: | Click to enter text |
| Previous employment at Colchester Zoo*(Include job title, department and dates)*: | Click to enter text |
| Are you eligible to work in the UK in accordance with the Immigration and Asylum Act 1999?*(You must be able to provide documentary evidence that you are entitled to work in the UK without the need for Colchester Zoo to apply for any kind of work permit)* | Click to enter text |
| National Insurance number: | Click to enter text |
|  |  |
| Section Two – Applicant Details (type in information) |
| Title: | Click to enter text |
| Surname: | Click to enter text |
| First Name(s): | Click to enter text |
| Full Address: | Click to enter text |
| Town / City | Click to enter text |
| Postcode: | Click to enter text |
| Telephone: | Click to enter text |
| Mobile: | Click to enter text |
| Email: | Click to enter text |
| Do you have a UK driving license: | Click to enter text |
|  Driving license status – inc. endorsements: | Click to enter text |
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| Section Three – Qualifications (type in information) |
| Qualification *(Inc. grade)* | School / University / Institution | Date Achieved |
| Click to enter text | Click to enter text | Click to enter text |
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| Click to enter text  | Click to enter text | Click to enter text |
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| Section Four – Continuous Professional Development, other training, current study (type in iinformation) |

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| Qualification *(Inc. grade)* | School / University / Institution | Date Achieved |
| Click to enter text | Click to enter text | Click to enter text |
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| Click to enter text | Click to enter text | Click to enter text |
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| Section Five – Membership of Professional Body, include any offices held (type in information) |
| Membership | Body / Institution | Date Joined |
| Click to enter text | Click to enter text | Click to enter text |
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| Section Six – Current / most recent employment (type in information) |
| Job Title: Click to enter text | Current Job: Click to enter text |
| Employer:  | Click to enter text |
| Start Date: | Click to enter text | End Date: | Click to enter text |
| Salary: |  |
| Main duties and responsibilities:Click to enter text  |
| Notice Period: | Click to enter text |
| Reason for leaving: | Click to enter text |
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| Section Seven – Previous Employment: (type in information) |
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| Job Title: Click to enter text | Current Job Click to enter text |
| Employer:  | Click to enter text |
| Start Date: | Click to enter text | End Date: | Click to enter text |
| Salary: |  |
| Main duties and responsibilities: Click to enter text   |
| Reason for leaving: | Click to enter text |
| Previous Employment continued… (type in information) |
| Job Title: Click to enter text | Current Job: Click to enter text |
| Employer:  | Click to enter text |
| Start Date: | Click to enter text | End Date: | Click to enter text |
| Salary: | Click to enter text |
| Main duties and responsibilities: Click to enter text   |
| Reason for leaving: | Click to enter text |
|  |
| Previous Employment continued… (type in information) |
| Job Title | Employer | Start Date | Leave Date | Reason for leaving |
| Enter text | Enter text | Enter text | Enter text | Enter text |
| Enter text | Enter text | Enter text | Enter text | Enter text |
| Enter text | Enter text | Enter text | Enter text | Enter text |
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| Enter text | Enter text | Enter text | Enter text | Enter text |
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| Gaps in Employment – please specify reasons and dates for any gaps in employment (type in information) |
| Click to enter text  |
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| Supporting information – Please provide any information in support of your application. This should provide us with evidence of the skills, knowledge, personal attributes, competence and experience to carry out with the role for which you are applying (type in information) |
| Click to enter text  |
| References – please give the details of two referees, one should be your current or most recent employer (i.e. you line manager or Head of Department) References from family or friends are not accepted if you have an employment history (type in information) |
| Title | Click to enter text | First Name | Click to enter text |
| Can the reference be contacted | Enter text | Surname | Click to enter text |
| Job Title: | Click to enter text |
| Address: | Click to enter text |
| Email: | Click to enter text | Telephone: | Click to enter text |
| Relationship: | Click to enter text |
|  |  |
| Title | Click to enter text | First Name | Click to enter text |
| Can the reference be contacted | Enter text | Surname | Click to enter text |
| Job Title: | Click to enter text |
| Address: | Click to enter text |
| Email: | Click to enter text | Telephone: | Click to enter text |
| Relationship: | Click to enter text |
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| Disability – Do you require any special arrangements to be made to participate in the selection process on account of a disability? If yes, please give brief details (type in information) |
| Click to enter text  |
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| Convictions – Have you ever been convicted of a criminal offence i.e. cautions, reprimands or warnings?If yes, please give details of any unspent convictions. |
| Click to enter text  |
| **Declaration: Please read carefully before signing this application** |
| I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during my employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act. I agree that should I be successful with this application, I will, if required apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company, any offer of employment may be withdrawn or my employment terminated. Signed: ……………………………………………………………… Date: …………/…………. /………… |