

ACKWORTH SCHOOL Pontefract Road, Ackworth, Pontefract West Yorkshire WF7 7LT

t: +44(0)1977 233600 Coram t: +44(0)1977 233650 www.ackworthschool.com Email: jobs@Ackworthschool.com Head: Martyn Beer

ACADEMIC STAFF APPLICATION FORM

Application for the Post of:							
1. PERSONAL D	ETAIL	S					
Last Name			First Name Middle Name				
Previous Name (i.e., Maiden Name or							
previous married	name)	if applicable					
Home Address							
Current Address		foront from above	N				
Current Address	s (ir all	ferent from above	·)				
-							
Telephone No.			Mobile No.				
Do you hold a cu	rrent	Yes / No	E-mail				
full driving licence?			address				
DFE No.			NI Number				
Notice period req					ſ		
		nember of School C ber of staff at this S			YES / NO		
Should you be se would be imposs		for interview, pleas or you to attend	e indicate dates wl	hen it			
shortlisted for inte employed, your la capacity you are	erview. ast emp know	Ideally one referee	e should be your pi training co-ordinate note that the off e	resent e or. Plea er of th			
1.			2.				
Contact Tel. No. e-mail address			Contact Tel. N e-mail addres				

If you do not know Name of employer	Full/Part Time	Period of		Position held and main	Reasons
		Service From M/Y	То М/Ү	duties	for leaving
Please list any gap	es in your e	employm	ent and	I provide dates and reasons.	
I. EMPLOYMENT E					
Please give brief de indertake the role, i				e, skills and experience you ha ion.	ve to

5. INFORMATION IN SUPPORT OF THIS APPLICATION

(You may use this space to provide any information you wish, including any interest or unpaid activity, which you feel is relevant to the post for which you are applying. Please restrict any additional information you wish to supply to one side of A4 paper)

I confirm that the information contained in this application is correct								
Signad	Dated							
Signed								