# **JOB APPLICATION FORM**

Please return the completed form to the address at the bottom of the page Pages 1 - 3 will not be available to any Preselection panel



Post applied for Ref No

<b>PFR</b>	SON	ΛI	DET	ΛTI	c
FEK	30 JIV	4	LJC I	411	

Surname	Title (eg Ms)
Forename(s)	Known As
Address	
	Postcode
Telephone (daytime)	(evening)
Mobile	
E-mail	
Do you hold a full clean Driving Lice	nce?
Date of Birth	
VISA  Do you have any visa restrictions? If	V., N.
and include the date that your visa e	
Are you related to a member of staff Hope University? If yes, please provide details	f or a student of Liverpool Yes No

## JOB APPLICATION FORM

Please return the completed form to the address at the bottom of the page Pages 1 - 3 will not be available to any Preselection panel



#### **ASYLUM & IMMIGRATION ACT 1996**

Do you require permission to work in the UK. If yes, please provide details and include the date that your permit expires

Yes	No	
l .		

### REHABILITATION OF OFFENDERS ACT 1974

Have you ever been convicted of a criminal offence? If yes, please attach details, if the period of rehabilitation for the crime has not been completed.

Yes	No	

#### **H**EALTH

Satisfactory Health Assessment by the University Occupational Health Unit is a precondition of employment. Details regarding this matter will be forwarded in due course.

E-mail: jobs@hope.ac.uk Website: www.hope.ac.uk

## JOB APPLICATION FORM

Please return the completed form to the address at the bottom of the page Pages 1 - 3 will not be available to any Preselection panel



## Equal Opportunities Monitoring Form

Liverpool Hope University is an Equal Opportunity Employer. The aim of the University's policy is to provide equal opportunity in the fields of recruitment, training and promotion. For the policy to be effective, it is necessary to undertake detailed monitoring of all applications for posts.

This detachable information sheet will be treated as strictly confidential and will only be used for monitoring purposes. Please sign and date to indicate your acceptance of this.

Name		Date of Birth		
Post applied for		Ref No		
ETHNIC ORIGIN				
Asian or Asian British /	Mixed –	Other Ethnic		
Bangladeshi	White and Asian	Background		
Asian or Asian British /	Mixed – White and	White – British		
Indian	Black African			
Asian or Asian British /	Mixed – White and	White – Irish		
Pakistani	Black Caribbean			
Black or Black British /	Other Mixed	Other White		
African	Background	Background		
Black or Black British/	Chinese	Unknown / Other		
Caribbean				
Other Black	Other Asian			
Background	Background			
NATIONALITY				
GENDER	MARITAL S	STATUS		
Male Female Are y		married? Yes No		
DISABILITY				
Do you consider yourself to If yes, please give details	be disabled? Yes	No		

SIGNED DATE