



UNIVERSITY OF ST ANDREWS STUDENTS' ASSOCIATION

Application for Student Employment

Complete this form fully and accurately, writing legibly and in black ink. Do **not** include a curriculum vitae, **all** information to be considered must be included on this form. The information that you provide will be treated in strict confidence and will only be made available for the purpose of recruitment and, if successful, employment records.

Preferred Department:	1 to 6. (1 being your first preference, 6 being the least favourite):
Bars	Door Staff
Catering	Cleaning
General Office	BESS (Retail)

PERSONAL DETAILS	
SURNAME: _____	DATE OF BIRTH: _____
FIRST NAME(S): _____	
DO YOU REQUIRE A WORK PERMIT BEFORE COMMENCING EMPLOYMENT? YES/NO	
TERM TIME ADDRESS: _____	HOME ADDRESS: _____
_____	_____
_____	_____
POSTCODE _____	POSTCODE _____
DATES AT THIS ADDRESS: _____	
CONTACT TEL. NOS. (incl. STD code): _____	
EMAIL: _____	

EDUCATION AND QUALIFICATIONS			
SECONDARY EDUCATION			
NAME & ADDRESS	FROM / TO	EXAMINATIONS TAKEN, LEVEL OF QUALIFICATIONS OBTAINED, SUBJECTS AND RESULTS	
FURTHER & HIGHER EDUCATION, INCL. PRESENT COURSE			

EMPLOYMENT HISTORY

This section is for brief details about your employment history. Include any part time, casual and consultancy work, listing the most recent first.

POST TITLE	NAME OF ORGANISATION	FROM / TO		SUMMARY OF DUTIES & RESPONSIBILITIES	REASON FOR LEAVING

AVAILABILITY

If selected, when could you start employment?

Are there any hours you would be unavailable to work?

Do you have any other paid work that you intend to continue if this application is successful? Under the Working Time Regulations we are required to ensure that you do not exceed the working time limits. Please detail the number of hours you would normally work for another employer in a week.

STUDENTS' ASSOCIATION INVOLVEMENT

Please tell us about any voluntary involvement you have with the Association, including societies, elected positions, class rep positions, etc.

FURTHER SKILLS

Provide details of any other skills and qualifications you have gained or training courses you have attended. Eg. First Aid, Health and Safety etc.

Do you hold a valid driving licence?

Yes/No

ADDITIONAL INFORMATION

If there is additional information you feel would support your application, please fill in the space below.

REFERENCES

Please give the details of two referees (not relatives) who know you well and can provide current information about your work experience and skills. One of the referees must be your present or most recent employer. If you are currently in full-time education, one referee may be a teacher or lecturer who knows you and your work. If you are invited for interview we will automatically contact both referees unless you clearly indicate otherwise.

1) NAME _____ POSITION _____ ADDRESS _____ _____ _____ POSTCODE _____ TEL NO. _____ EXT. _____ Professional relationship / capacity in which they know you Do not contact prior to interview <input type="checkbox"/>	2) NAME _____ POSITION _____ ADDRESS _____ _____ _____ POSTCODE _____ TEL NO. _____ EXT. _____ Professional relationship / capacity in which they know you Do not contact prior to interview <input type="checkbox"/>
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CRIMINAL CONVICTIONS

PLEASE GIVE DETAILS OF ANY CRIMINAL CONVICTIONS

NOTE: Under the Rehabilitation of Offenders Act (1974) you are required to give details of any convictions which are not 'spent'. Any failure to disclose such convictions, either prior to employment or subsequently, may result in disciplinary action, including dismissal.

DISABILITIES

Do you have any special needs or disabilities that we need to be aware of?

If yes, please give details of any adjustments we need to make to help you in the recruitment process.

DECLARATION

I DECLARE THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE & I AM IN POSSESSION OF THE QUALIFICATIONS I CLAIM TO HOLD.

SIGNED:

DATE:

Please return your completed application (please note any closing date that may apply) to: