

JOB APPLICATION FORM

Please complete in **BLACK** ink

JOB DETAILS	
Job Title <input style="width:90%;" type="text"/>	Location <input style="width:90%;" type="text"/>
PIN number & expiry date (if applicable) <input style="width:95%;" type="text"/>	

Where did you hear about our vacancy?

PERSONAL DETAILS		
Title <input style="width:85%;" type="text"/>	Surname <input style="width:95%;" type="text"/>	First Names <input style="width:95%;" type="text"/>
Previous Names (if any) <input style="width:95%; height:40px;" type="text"/>	Preferred First Name <input style="width:95%;" type="text"/>	Address: Postcode:
National Ins.No. <input style="width:15%; height:20px;" type="text"/> <input style="width:15%; height:20px;" type="text"/> <input style="width:15%; height:20px;" type="text"/> <input style="width:15%; height:20px;" type="text"/> <input style="width:15%; height:20px;" type="text"/> <input style="width:15%; height:20px;" type="text"/> <input style="width:15%; height:20px;" type="text"/> <input style="width:15%; height:20px;" type="text"/>		
Telephone	Day: <input style="width:95%; height:20px;" type="text"/>	
	Evening: <input style="width:95%; height:20px;" type="text"/>	
	Mobile: <input style="width:95%; height:20px;" type="text"/>	
Email <input style="width:95%;" type="text"/>		

Do you own a Car? <input style="width:40%; height:20px;" type="text"/>	Do you own a current driving license? <input style="width:40%; height:20px;" type="text"/>
Yes / No	Yes / No
Do you require a work permit to work in this country? <input style="width:40%; height:20px;" type="text"/>	Do you consider yourself to be in good health? <input style="width:40%; height:20px;" type="text"/>
Yes / No	Yes / No

GENERAL INFORMATION		
Date when available <input style="width:85%;" type="text"/>	Current salary/hourly rates <input style="width:85%;" type="text"/>	
Hours prepared to work <input style="width:85%; text-align: center;" type="text"/>	Will this be your only employment <input style="width:85%;" type="text"/>	
Please indicate shift times available to work on a regular basis:-		
Mornings <input style="width:40%; text-align: center;" type="text"/>	Evenings <input style="width:40%; text-align: center;" type="text"/>	Weekends <input style="width:40%; text-align: center;" type="text"/>
Yes / No	Yes / No	Yes / No
Afternoons <input style="width:40%; text-align: center;" type="text"/>	Nights <input style="width:40%; text-align: center;" type="text"/>	At Short Notice <input style="width:40%; text-align: center;" type="text"/>
Yes / No	Yes / No	Yes / No

EMPLOYMENT HISTORY

Please give details of **all** the jobs you have had, starting with the most recent. Please tell us about when you have not been working, as all time must be accounted for.

Employer Name & Address	Job Title and Main Duties	Dates		Reason for Leaving
		From	To	

EDUCATION

Please give details of your education and qualifications.

Establishment Attended	Course Title / Subject and Grade	Dates	
		From	To

EXPERIENCE

Please outline any experience that you have from any part of your life which you think will be helpful in this job, if you are appointed. Please continue on a separate sheet if necessary.

HOBBIES & INTERESTS

To the best of your knowledge, does a close relative of yours currently work at any of our sites? (by close relative, we mean spouse, partner, sibling, child or parent) YES / NO if Yes, give details

REFERENCES

Please give the names and addresses of three people to whom we may write for references. Your first referee must be your present or most recent employer, your 2nd reference should be a past employer and your 3rd reference should be a character reference. Full contact details must be given so that your application is not delayed.

Name of your first referee

Their job Title

Their relationship to you
e.g. line manager

Oranisation and Address

Postcode:

Email:

Telephone:

Name of your second referee

Their job Title

Their relationship to you
e.g. line manager

Oranisation and Address

Postcode:

Email:

Telephone:

Name of your Third referee

Their job Title

Their relationship to you
e.g. line manager

Oranisation and Address

Postcode:

Email:

Telephone:

Can we contact your present employer for a reference before an offer is made? Yes No

Do you consider yourself to be disabled as defined by The Disability Discrimination Act 1995?

Yes No

Do you require any special requirements to enable you to attend your interview?

Yes No

If Yes, please give details:

Are there any dates when you are not available to attend an interview?

All posts within our company require you to disclose whether you have any convictions, cautions or been bound over including 'spent convictions' under the terms of the Rehabilitation of Offenders Act 1974. Applicants are not entitled to withhold information about convictions, cautions or binding over and in the event of employment, any failure to disclose such information could result in dismissal or disciplinary action by the employer. Any information will be completely confidential and will be considered only in relation to this application.

Have you ever been convicted, cautioned or bound over, including 'spent convictions' (as detailed above) ?

Yes No

If Yes, please give details:

STATEMENT

I declare that I have read and understood all the information provided with this application.

For the purposes of the Data Protection Act 1998, I consent to the information contained in this form, and any information received by or on behalf of Your Health Limited relating to the subject matter of this form, being processed by them in administering the recruitment and appointment process.

I understand that any offer of appointment and subsequent employment is dependent upon this declaration and information contained within this application.

To the best of my knowledge and belief the information contained in this form is accurate. It is understood that any deliberately false statement or omission may prejudice my employment.

Signature: Date:

N.B. All posts are subject to satisfactory References and an Enhanced Disclosure from the Disclosure & Barring Services (DBS)

FOR OFFICE USE ONLY

Date of Interview: Interviewers:

Result of Interview:

Result of References:

Date candidate advised of interview outcome:

Commencement date: