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APPLICATION FOR EMPLOYMENT

Full Name _____ Date of Birth _____

Address _____

_____ Post Code _____

Tel _____ Mob _____

Email _____ ☐ Male / ☐ Female

Date Available _____ N.I. Number _____

Name of Bank _____ Sort code _____

Account no _____

Next of Kin name _____ Contact No _____

Position Applied for ☐ Domestic ☐ Kitchen ☐ Carer ☐ Nursing ☐ Team Leader

Are you a citizen of the United Kingdom ☐ YES ☐ NO

Are you authorised to work in the UK ☐ YES ☐ NO

UK Driving Licence No _____ Expiry Date _____

For nursing positions, PIN number _____ Expiry Date _____

EDUCATION

Secondary School/Univerity _____ From/To _____

Address _____

Qualification _____

_____

_____

_____

_____

Other Training _____

REFERENCES

Full Name _____ Relationship _____

Company Name & Address _____

_____ Post code _____

Email _____ Tel _____

Full Name _____ Relationship _____

Company Name & Address _____

_____ Post code _____

Email _____ Tel _____

Full Name _____ Relationship _____

Company Name & Address _____

_____ Post code _____

Email _____ Tel _____

PREVIOUS EMPLOYMENT

Company Name _____ Position held _____

Address _____

_____ Post code _____

Email _____ Tel _____

Responsibilities _____

_____ From/To _____

Reason for Leaving _____ Final salary £ _____

May we contact your previous employer for reference: ☐ YES ☐ NO

Company Name _____ Position held _____

Address _____

_____ Post code _____

Email _____ Tel _____

Responsibilities _____

_____ From/To _____

Reason for Leaving _____ Final salary £ _____

May we contact your previous employer for reference: ☐ YES ☐ NO

HEALTH DETAILS

If the answer is yes to any of the questions in this section, please give full details in the space provided of the dates, duration and outcome of illness or condition. If we have any concerns about your fitness for work,employment will be subject to satisfactory reports.

Have you ever had:	Tick where applicable	Additional information to "yes" response
Tuberculosis, asthma, bronchitis, or chest problems?	☐ YES ☐ NO	
Chest pain, heart condition, or raised blood pressure?	☐ YES ☐ NO	
Blackouts, fits, or attacks of giddiness?	☐ YES ☐ NO	
Depression, mental illness or nervous breakdown?	☐ YES ☐ NO	
Rheumatism or arthritis?	☐ YES ☐ NO	
Back trouble?	☐ YES ☐ NO	
Typhoid, paratyphoid or other gland trouble?	☐ YES ☐ NO	
Digestive or bowel disease?	☐ YES ☐ NO	
Diabetes, thyroid, or other gland trouble?	☐ YES ☐ NO	
Bladder or kidney trouble?	☐ YES ☐ NO	
Dermatitis or skin trouble?	☐ YES ☐ NO	
Varicose veins?	☐ YES ☐ NO	
Any other accident, operation or illness?	☐ YES ☐ NO	
Have you any reason to believe that you may be infected with any communicable disease?	☐ YES ☐ NO	
Any other current or recent medical condition or treatment which might affect your attendance or performance at work?	☐ YES ☐ NO	
Do you intend to work night duties on a regular basis?	☐ YES ☐ NO	
Any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the past year?	☐ YES ☐ NO	
Any physical impairments, including defect of sight or hearing? If yes, please specify any special needs in relation to your disability.	☐ YES ☐ NO	
Do you smoke?	☐ YES ☐ NO	
How many units of alcohol do you drink per week?		[One unit= 1/4 pint beer = 1 glass wine = 1 single whisky]

GENERAL COMMENTS

Please list here your specific reasons for this application, your main achievements to date, and the strengths that you would bring to this post. Please also state any other relevant work experience, or qualifications, in support of your registration with Multiple Health Care Support. Thank you .

CAUTIONS AND CRIMINAL RECORDS

In compliance with UK regulations, you would be required to submit to a Disclosure and Barring Service check. Any standard or enhanced disclosure made by the DBS I SCRO will remain strictly confidential.
Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence?

☐ YES ☐ NO (Tick as required). If yes, please provide details

SPECIAL REQUIREMENTS (CARE SECTOR)

Because this position involves the care of vulnerable adults, employment is dependent on the following:

1. Your written consent to obtaining a standard/enhanced disclosure certificate from the Disclosure and Barring Service or an approved umbrella copy.
2. Such disclosure being acceptable to the company.
3. Proof of identity -birth or marriage certificate (where appropriate) and passport (if available).
4. Two satisfactory written references.
5. That you will provide a photograph of yourself for retention in your records.
6. Evidence of physical or mental suitability for your work.

DECLARATION

I certify that my answers are true and complete to the best of my knowledge, and that any untrue or misleading information will give my em player the right to terminate any employment contract.
Should we require further information and wish to contact your GP with a view to obtaining a medical report, the law requires us to in.form you of our intention and obtain your permission thereto. I agree that the organisation reserves the right to require me.to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment, and for up to Six years thereafter; and understand the information will be processed in accordance with the Data Protection Act.
I agree that should I be successful in this application, I will, if required, apply to the Disclosure and Barring Service /Scottish Criminal Records Office for a standard or enhanced (as appropriate) disclosure. I also agree that th·e company may apply to my previous employers for references. I understa.nd that should I fail to do so, or should the disclosure or reference not be to the satisfaction of the company, any offer of employment may be withdrawn or my employment terminated.
For regulatory or ethical reasons, your information may need to be shared with other third parties.

Print Name _____ Signature: _____

Date: _____