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## Application for Employment

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Data Protection Act 1998 – Information you give on this form may be put onto our computer to assist with your application

### 1 Vacancy Details

Company applied for	<input type="text"/>	Vacancy applied for	<input type="text"/>
Source	<input type="text"/>	Vacancy reference no.	<input type="text"/>
Can work days?	<input type="text"/>	Can work nights?	<input type="text"/>
Can work weekends?	<input type="text"/>	Minimum Hours Required?	<input type="text"/>

### 2 Personal Details

Title	<input type="text"/>	Other (please specify)	<input type="text"/>
Forename	<input type="text"/>	Surname	<input type="text"/>
Previous Surnames	<input type="text"/>	NI Number	<input type="text"/>
Address & Postcode	<input type="text"/>		
Email Address	<input type="text"/>		
Home Telephone	<input type="text"/>	Mobile Telephone	<input type="text"/>
Do you hold a valid passport or ID card?	<input type="text"/>	Document No	<input type="text"/>

Why do you consider yourself suitable for this role?

Interests & Hobbies

### 3 Criminal Offences

Because of the nature of the application, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. This post is subject to enhanced disclosure through the Criminal Records Bureau. Information obtained through disclosure will not necessarily preclude you from employment. The Company's policy on employing persons with convictions is available on request.

Have you ever received a caution, warning or been convicted of a criminal offence? (please answer yes or no)

If 'yes' please give brief details

**4 Work History** (start with the current/most recent first and including any gaps in employment with details)

Employer	Start	End	Position held & description of duties	Reason for Leaving

**5 Education and Training** (starting with the most recent first)

School/College/Uni	Start	End	Course studied	Qualification gained

**6 Qualified Nurses**

Training School			
Address & Postcode			
Start Date			
Leaving Date			
Register/Roll Number			
Register/Roll Date			
Further Qualifications			

**7 References (not family members, one should be your current/last employer)**

Name			
Company			
Address & Postcode			
Telephone		Occupation	
Name			
Company			
Address & Postcode			
Telephone		Occupation	
Name			
Company			
Address & Postcode			
Telephone		Occupation	

**8 Additional Information**

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**9 Declaration**

I declare that, to the best of my knowledge and belief, the information given in this application is complete and true. I understand that failure to disclose information or mislead in any way may lead to dismissal.

Signed		Date	
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