

HOPE HEALTH KARE LIMITED

Application for Employment Form

DC-004

Job applied for: Job ref:

Closing date:

Please return form to: *Name, Agency, Address*

We are committed to promoting the equality of opportunity and welcome applications from anyone who feels that they are able to carry out the duties, regardless of any previous experience.

Please tell us about yourself

Surname:

First name:

Other names:

Home address:

.....

..... Postcode:

Home tel. no: Work tel. no:

May we ring you at work? YES / NO

Are you related to any present or former employees of the Agency? YES / NO

How did you find out about this vacancy?

Please give us the details of two people who will provide us with a reference. One should normally be your current employer. If this is not the case, please tell us why not. We will not contact your employer before an interview, but we will contact them before appointment.

Name:	Name:
Position:	Position:
Agency:	Agency:
Address:	Address:
.....
Postcode:	Postcode:
Tel. no. work:	Tel. no. work:
Tel. no. other:	Tel. no. other:
Is this your current employer? YES / NO	Is this your current employer? YES / NO
Are they related to you? YES / NO	Are they related to you? YES / NO

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Please tell us about your education and training

Please tell us about your education. List any qualifications gained. Any further education.

School / College	From	To	Qualifications – include dates and grades

If you have undertaken any training or voluntary work to improve your employment prospects, please give details below:

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Please tell us about jobs you have had

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We need a total history of your employment. Start with your present, or most recent job first. If there are gaps in employment please tell us why e.g. unemployment, bringing up family etc.

Employer	Job title and description of duties	Salary / wages	From	To	Reason for leaving

No approach will be made to your present employer before an offer of employment is made to you.

Do you need a work permit to work in the UK YES / NO

When can you start work with us?

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Further information

Please use this space to tell us about any other information that you feel will help your application, including any other skills you may have. Please feel free to continue on a separate sheet of paper if required.

Do you consider yourself to have a disability

YES / NO

Please tell us if there are any reasonable adjustments we can make to assist you in your application or with our recruitment process.

Please tell us if there are any dates when you will not be available for interview

I can confirm that to the best of my knowledge the above information is correct. I accept that providing deliberately false information could result in my dismissal.

Signature: Date: