



EMPLOYMENT APPLICATION

POSITION APPLIED FOR:

The following information will be treated in the strictest of confidence. This form may not allow sufficient space for provision of the information requested, or other information you feel would be relevant to the application. If this is the case, please include additional sheets.

PERSONAL DETAILS:

Surname:	First Name(s):
Address:	Postcode:
Telephone: (Daytime)	(Evening)
Email Address:	
Do you hold a current UK driving licence?	Yes/No
If yes, do you have any current endorsements?*	Yes/No
* If yes, please give details:	
Are you involved in any activity which might limit your availability to work or your working hours, eg, local government?	Yes/No
If yes, please give full details:	
Are you subject to any restrictions or covenants which might restrict your working activities?	Yes/No
If yes, please give full details:	
Are you willing to work overtime and weekends if required?	Yes/No
Please give details of any hours you would not wish to work:	
Are you legally eligible for employment in the UK?	Yes/No
Do you require a work permit to work in the UK?	Yes/No
<i>Please note that prior to making an offer of employment, we are required by law to verify documentary evidence (and maintain copies for our files) regarding a candidate's eligibility to work in the UK. This applies to all applicants regardless of nationality/origin.</i>	
Have you any criminal convictions which are not 'spent'?	Yes/No
If yes please give dates and details.	
Have you ever worked for this business before?	Yes/No
If yes, please give full details:	

EDUCATION

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

Please give details of membership of any technical or professional associations:

EMPLOYMENT DETAILS

Please give details of your past employment, excluding your present or last employer, stating the most recent first

Name/address of employer	Dates	Position held/Main duties	Reason for leaving

PRESENT OR LAST EMPLOYER

Are you currently employed? **Yes/No**

Name and Address of Employer:		Postcode:
Nature of Business:	Date of Appointment:	
Salary and Grade/Scale:	Period of Notice / Contract End Date:	
Reason for Leaving:		
Job Title and Summary of Duties/Responsibilities		

INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES

SUPPLEMENTARY INFORMATION

Please set out below any further information to support your application, eg, past achievements, future aspirations, personal strengths

DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Practice, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

Note: Carn to Coast Health Centres is an equal opportunities employer and does not unlawfully discriminate in employment. No information provided by the applicant will be used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by law.

Signature:	Date:
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REFERENCES

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? **Yes/No**

Name	Name
Position	Position
Address	Address
Telephone Number	Telephone Number