

# APPLICATION FORM FOR EMPLOYMENT

Passport Picture

Please complete this form in black ink and complete all sections

**Position Applied for :**

**Your Surname and Initials:**

## Data Protection Statement

The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Agency to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.

## 1. PERSONAL INFORMATION

TITLE Mr/Mrs/Miss/Dr./OtherS	Surname:		Forenames:	
Previous Names (If any)				
Address				
	Post Code			
Telephone	Home	Work	Mobile No.	
E-mail Address				
Date of Birth	Nationality			
National Insurance No				
Name of next of Kin	Telephone No.			
Relationship to you				

Employment Desired: ☐ FULL-TIME ☐ PART-TIME ☐ BANK Date Available\_\_\_\_\_

Desired Pay: £\_\_\_\_\_Hourly☐ Monthly☐ Tick as appropriate (✓)

## 2. EDUCATION

Name of School/College University	DATES OF ATTENDANCE		Course of Study/Qualifications gained GCSE's etc	Grade
	FROM	TO		

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.K? ☐ YES ☐ NO *(tick one that is applicable)*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES ☐ NO *(tick one that is applicable)*

\*IF YES, WRITE THE START AND END DATES: \_\_\_\_\_

### 3. Employment History

Please print details of all your employment for a period of at least the last 5 years, to include all nursing agency memberships, in reverse date order; starting with your present or last position. Please include reasons for gaps.

#### EMPLOYER 1:

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Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address

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Post Code

STARTING PAY: £\_\_\_\_\_ ☐ HOUR ☐ SALARY      ENDING PAY: £\_\_\_\_\_ ☐ HOUR ☐ SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

#### EMPLOYER 2:

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Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address

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Post Code

STARTING PAY: £\_\_\_\_\_ ☐ HOUR ☐ SALARY      ENDING PAY: £\_\_\_\_\_ ☐ HOUR ☐ SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

### EMPLOYER 3:

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Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS:

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Street Address

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City Post Code

STARTING PAY: £\_\_\_\_\_ ☐ HOUR ☐ SALARY      ENDING PAY: £\_\_\_\_\_ ☐ HOUR ☐ SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

### ***Equality of Opportunity Statement***

The Agency's Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, religion or belief, disability, or offending background.

### **4. General information**

Do you have any endorsements?

Do you hold a valid and current Driver's Licence? Yes ☐ No ☐ Please ✓ as appropriate

If Yes, what type? Yes ☐ No ☐ ☐ Provisional ☐ Full ☐ EU ☐ non-EU

(Please ✓ as appropriate)

If Yes, please give details Please state which languages you speak, including an indication of fluency \_\_\_\_\_

### **5. ETHNIC BACKGROUND**

Applicant understands that, this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

**WHITE**BRITISH ☐ EUROPEAN ☐ OTHERS ☐BRITISH BLACK ☐**MIXED**WHITE AND BLACK CARRIBEAN ☐ WHITE & BLACK AFRICAN ☐ WHITE & ASIAN ☐**ASIAN**INDIAN ☐ PAKISTANI ☐ BANGLADESHI ☐ ANY OTHER ASIAN BACKGROUND ☐**BLACK**AFRICAN ☐ CARRIBEAN ☐ ANY OTHER BLACK BACKGROUND ☐**OTHERS** ☐ Please Specify \_\_\_\_\_**SEX** Male ☐ Female ☐**DISABILITY**

Applicants with disability will be invited for interview, if shortlisted and the essential job criteria are met. Do you consider yourself to be a person with disability by the Disability Discrimination Act 1995? Do you consider yourself to be someone who has a physical or mental impairment which has substantial and long-term adverse effect on your ability to carry out normal day to day activities?

☐ Yes ☐ No (Tick as appropriate)**REFERENCES**

(PROFESSIONAL ONLY)

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
First Last

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
First Last

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
First Last

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ARE YOU WILLING FOR US TO CONTACT THEM, IF NOT HONORABLE, PLEASE  
EXPLAIN: \_\_\_\_\_

#### BACKGROUND CHECK CONSENT

ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? ☐ YES ☐ NO

#### DISCLAIMER

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

For OFFICE USE ONLY

<b>PASSPORT NO</b>	<b>TYPE/NATIONALITY</b>	<b>EXPIRY DATE</b>
<b>BRP NO</b>		
<b>DBS</b>		
<b>CONTACT ADDRESS</b>		
<b>NEXT OF KIN</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>