

APPLICATION FOR EMPLOYMENT

Private and Confidential

Return this form to: helen.owen4@nhs.net

Position Applied For: Receptionist/Administrator (please state whether full/ part time)

Surname

Forename(s)

Title

Address

Home Tel No

Mobile Tel No

Email Address:

Current Driving Licence? Yes/No
Groups
Expiry Date

Details of Endorsements:

Education and History

Schools (please give dates)

Qualifications gained

Colleges/Universities (please give year of entry,
and year of completion)

Qualifications gained

Other Training (please give dates and length of course)	

Employment History

Name and Address of Employer	Job Title (Please include Responsibilities and Duties)	From/To	Start/Finish Salary	Reason for Leaving
Notice required in current post:				

References

Please note here the names and addresses of two persons from whom we may obtain both character and work experience references. Please do not give DAS staff members as referees.

<p>1. Name: Address:</p> <p>Tel No: Email Address:</p>	<p>2. Name: Address:</p> <p>Tel No: Email Address:</p>
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Other Employment

Please note any other employment you would continue with if you were to be successful in obtaining this position

Leisure

Please note here your leisure interests, sports and hobbies, other pastimes etc.

Criminal Record

Please state any criminal convictions, including those 'spent' under Rehabilitation of Offenders Act 1974

General Comments

Please use this section to give information about what you feel you would bring to the post. You may want to highlight your previous experience, and evidence the ways in which you met the personal specification.

Responses to this section will form a large part of the selection process.

Health Details

Are you disabled YES/NO. If YES, please give details and specify any special needs in relation to your disability.

Please list any diseases, disorders, allergies, muscular or muscular skeletal injuries from which you have suffered or do suffer.

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

Please list all absences from work in the past 12 months and the reasons for such absences

Declaration (Please read this carefully before signing this application)

I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor).

Signed

Date