ABSOLUTE Healthcare Services

Personnel: Application Form `

STRICTLY CONFIDENTIAL

Please type or complete this form in black ink

Position Applied for	Date of Application
	___/_____/_____

1 PERSONAL DETAILS

Surname	First names
	Previous Names
Address	Home Telephone No.
	Work Telephone No.
National Insurance number	Mobile No.
Immigration Details	
Are you a citizen of the EU?	Yes/No
Do you have a work permit?	Yes/No
Current Driving Licence?	Yes/No
Do you have a car for work use?	Yes/No

2 NEXT OF KIN

Surname	First Name
Address	Relationship
	Telephone

3 PREVIOUS EMPLOYMENT

Date		Employer's name (Most Recent First)	Position Held	Salary & Benefits	Reason For Leaving
Form	To				

4 REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS

Because of the nature of the work involved, the past for which you are applying is exempt from section 4(2) of the rehabilitation of the offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means you are not entitled to withhold information about any convictions you may have had.

Do you have any conviction to disclose? Yes/No
Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

Signature: **Date:**

Failure to declare or the falsification of any of the above details will result in the withdrawal of any job offer.

5 ADDITIONAL PRESONAL DETAILS

Outside interests, leisure time activities, and other personal information which you think may assist us in evaluating your application.

6 REFERENCES

Please give the name and address of two referees, one of whom must be your present employer or your previous employer.

Name	Status	Address and Telephone No
1		
2		
3		

The organization seeks to work in a flexible and family-friendly manner with its staff, however, unsocial hours are part and parcel of a quality care service. Weekend working is a requirement for all staff, the frequency of which will be determined at interviews.

Please indicate holiday dates if already booked

Period of notice required in the present post

Please indicate holiday dates if already booked

Thank you for completing this application form.

I declare that to the best of my knowledge, all of the information contained and documented herein is complete and truthful

Signature:

Date:

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OFFICE USE ONLY

Applicant Shortlisted:	Yes/No
Interview Date:	/ /
References requested:	/ /
Verbal reference check:	Yes/No

Additional Notes from the application

Application Completed	Yes/No
Full employment History	Yes/No

Notes for interview

Completed By: _____ Date: / /

Equal Opportunities Monitoring

This section of the application will be detached and used for monitoring purposes only. Our organization recognise and actively promote the benefits of a diverse workforce and are committed to treating all employee with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion, or belief. We welcome applications from all sections of the community.

Date Of Birth:	
Gender	☐ Male ☐ Female ☐ I do not wish to disclose this

Race Relation (Amendment) 2000

I would describe my ethnic origin as (please indicate with a ☑)

Asian or Asian British	Mixed Raced	Other Ethnic Group
☐ Bangladeshi	☐ White & Asian	☐ Chinese
☐ Indian	☐ White & Black African	☐ Any other ethnic background
☐ Pakistani	☐ White & black Caribbean	☐ I do not want to disclose this
☐ Any other Asian background	☐ Any other mixed background	
Black or Black British	**White**	
☐ African	☐ British	
☐ Caribbean	☐ Irish	
☐ Any other Black background	☐ Any other White background	

Employment Equality Regulations 2003

Please select the option which best indicates your religion or belief & describes your sexuality

☐ Lesbian ☐ Gay ☐ Bisexual ☐ Heterosexual	☐ I do not wish to disclose this	☐ Atheism ☐ Buddhism ☐ Christianity ☐ Islam ☐ Jainism ☐ Sikhism	☐ Judaism ☐ Hinduism ☐ Other ☐ I do not wish to disclose this

Health Questionnaire

(To be used for those applicants that have been deemed appointable)

In Order to comply with the Health and Social Care Act 2010, please complete this questionnaire as fully as possible. Failure to do so could impede or delay your appointment. All information is confidential.

Have you ever had or suffered from	Circle Yes or No
Epilepsy/Blackouts	Yes/No
Nervous Mental Disorder	Yes/No
Migraine/Headaches	Yes/No
Sensory Impairment	Yes/No
Skin Allergies	Yes/No
Back Pain/ Previous Back Injury	Yes/No
Heart Condition	Yes/No
Asthmatic or respiratory ailments	Yes/No
Recurring Incidence of Illness	Yes/No
Are you registered disabled? If yes, please provide details	Yes/No

Please list below any periods spent outside of the United Kingdom as a resident (do not include holidays)

1
2
3

Please List below Vaccinations or Immunisations.

Date	
Immunization	
Expiry	
Date	
Immunization	
Expiry	
Date	
Immunization	
Expiry	
Date	
Immunization	
Expiry	

I declare that the information given is correct to the best of my knowledge. In my view, I am fit physically and mentally to undertake this post. I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give the employer the right to investigate all references

signature:

Date: