

The Hospital of God at Greatham

Application for Employment

PRIVATE AND CONFIDENTIAL

Please complete in BLOCK CAPITALS

Position applied for :

Location/site:

Full Name:

How did you hear of this vacancy? (include date)

A. PERSONAL PARTICULARS

Address	Telephone Number (including STD Code)
	e-mail address:
	Mobile:
	Business: (Tick box if you do not want to be contacted at work). <input style="float: right; margin-left: 20px;" type="checkbox"/>
Date of birth	Applicants will be required to provide documentary evidence of their right to work in the United Kingdom if invited for interview.
N.I. Number:	Do you have the right to work in the United Kingdom? Yes/No

B. EDUCATION AND QUALIFICATIONS

QUALIFICATIONS: Please give details of examinations attempted and results (including any examinations failed)

Name(s) and Address(es) of School(s)/College(s)	Dates		Subject/Courses Studied & Level	Examination Result/ Grade (include any examinations failed)
	From	To		

FURTHER AND HIGHER EDUCATION: Please give details of all further and higher education since leaving school including training courses and details of qualifications.

University/College/ Institute Attended	Dates		Subjects Studied Type of Training	Qualifications Obtained
	From	To		

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Please give dates of any holidays arranged:

Are you currently subject to any contractual "restraints of trade" clauses? Yes / No

If Yes, please give further information:

Do you have any commitments which might limit your working hours? Yes / No

If Yes, please give details:

Are you willing to work overtime and weekends when required? Yes / No

Have you **ever** received a police warning or caution, or been convicted of a criminal offence: Yes / No
(including convictions which are spent under the Rehabilitation of Offenders Act 1974).

If Yes, please give further information:

How much notice are you required to give to leave your present employment?

Have you worked for us before? Yes / No

If Yes, give details of reason for leaving:

Please list your interests, sports, hobbies, etc.

Do you have a current full driving licence? Yes / No

Does your licence have any current endorsements? Yes / No

If Yes, please provide full details of **all** endorsements on your licence:

F. REFERENCES

Please give the names and addresses of two referees who are not related to you, who we can approach for a confidential assessment of your suitability for this job. (One of these must be your present/most recent employer).

Can we approach your present/most recent employer? Yes / No

(Tick in box if you do not wish your employer to be contacted before an offer of employment is made)

Name, Position, Address and Telephone Number	Name, Position, Address and Telephone Number

