



Application Form

Please complete in **black ink only**

Position applied for <small>(Please tick)</small>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
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The following information will be treated in the strictest confidence. Please ensure there are no gaps in education and employment history.

Personal Information

Surname	
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First name	
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Address	
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Postcode	
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Contact Details

Telephone No.	
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Mobile No.	
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Email Address	
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Driving license

Do you have a full driving license? <small>(Please tick and if YES, please give further details)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Details	
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Do you have any endorsements? <small>(Please tick and if YES, please give further details)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Details	
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Are you involved in any activity which might limit your availability to work or your working hours, e.g., local government? <small>(Please tick and if YES, please give further details)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Details	
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Are you subject to any restrictions or covenants which might restrict your working activities? <small>(Please tick and if YES, please give further details)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Details	
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Are you willing to work overtime and weekends if required? <small>(Please give details of any hours which you would not wish to work)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Details	
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Are you involved in any activity which might limit your availability to work or your working hours, e.g., local government? <small>(Please tick and if YES, please give further details)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Details	
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Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)? <small>(Please tick and if YES, please give further details)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Details	
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If offered employment, you will be required to complete a Medical Questionnaire. Are you prepared to undergo a medical examination before starting employment? <small>(Please tick and if YES, please give further details)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Details	
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Have you ever worked for Awelon Healthcare before? <small>(Please tick and if YES, please give further details)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Have you applied for employment with Awelon Healthcare before? <small>(Please tick and if YES, please give further details)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Notice Period

How much notice are you required to give your current employer?	
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Education

Schools attended since age 11	From	To	Examination 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	



Present or Last Employer

Are you currently employed?

Yes No

Name of present or last employer

Address

Phone No.

Nature of Business

Job title & brief description of duties

Reason for leaving

Length of Service

From:

To:

Interests, Achievements and Leisure Activities

Supplementary Information



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 company, for the purposes of ongoing personnel administration and payroll administration in compliance with the Data Protection Act 1998. I understand to notify the Company immediately of any changes to the above details.

Signed

Date

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?

(Please tick)

Yes No

Reference 1

Full Name

Position

Address

Email

Telephone No.

Reference 2

Full Name

Position

Address

Email

Telephone No.

