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HPC24 Care

**Employment APPLICATION**

**(ATTACH one passport PHOTOS)**

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| **Position Applying For:** |  |
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| **Personal Particulars** |  |
| Last Name/Family Name First Name/Given Name Middle Initial |  |
| Prefix Mr. ❑ Ms. ❑ Mrs. ❑ Miss ❑ | Marital Status Single❑ Married❑ Separated❑ Divorced❑ Widowed❑ |
| Date of Birth (dd/mm/yy) | Country of Birth | Nationality | Identity Card No./Passport No. |
| Home Address | Home Tel. No. |
| Mobile Tel. No. |
| Correspondence Address (if different from above) | Fax No. |
| Email Address |
| Please state your National Insurance Number (NI) |  |
| If you are not from outside the European Economic Area, do you need a work permit for this post? | Yes / No |

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| **Highest Education Attained** |
| **From-To** | **School/University** | **Course/Major** | **Qualification** |
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| **Professional Qualification**  |
| **From - To** | **School/University** | **Course / Major** | **Qualification** |
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| **Courses Currently Pursuing**  |
| **Expected Date of Completion** | **School / University** | **Course** |
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| **Employment History**  |
| List your present or most recent employer first. If you held significantly different positions with the same employer, list them separately. Explain any gaps in employment in comments section below. All information **must** be completed. You may attach a resume, but not in place of completing the required information. |
| Dates Employed | Employer Name | Starting Salary |
| FROM | TO |
| Employer Address | Employer Tel. No. |
|  |  | Ending Salary |
| Job Title | Reason for Leaving |
| Summarize the nature of the work performed and job responsibilities |

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| --- | --- | --- |
| Dates Employed | Employer Name | Starting Salary |
| FROM | TO |
| Employer Address | Employer Tel. No. |
|  |  | Ending Salary |
| Job Title | Reason for Leaving |
| Summarize the nature of the work performed and job responsibilities |

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| --- | --- | --- |
| Dates Employed | Employer Name | Starting Salary |
| FROM | TO |
| Employer Address | Employer Tel. No. |
|  |  | Ending Salary |
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| --- | --- | --- |
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| --- | --- | --- |
| Dates Employed | Employer Name | Starting Salary |
| FROM | TO |
| Employer Address | Employer Tel. No. |
|  |  | Ending Salary |
| Job Title | Reason for Leaving |
| Summarize the nature of the work performed and job responsibilities |

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| Comments (including explanations of any gaps in employment) |  |
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| **Proficiency In Languages**  |
| Native Languages |
| Other Languages | Speak | Read | Write |
| High | Moderate | Low | High | Moderate | Low | High | Moderate | Low |
|  | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
|  | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |

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| **Driving** |
| Do you hold a current full UK Driving License or equivalent? | Yes / No |
| Details of any endorsements? |  |
| Do you have a car? | Yes / No |

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| **Skills** |
| Nursing  |  |
| Others |  |
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| **References**  |
| Please give below the names, addresses and contact details (incl. phone and fax numbers) of two persons not related to you whom references may be sought, **at least one whom should be your recent employer.** |
| Name | Company name & Address | Position | Telephone/Fax No. | Years Known |
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| **Statement in Support of Application** (continue a separate sheet if required). Please state why you believe you are a suitable candidate for this post by explaining how you meet these requirements and the experience which you have which is relevant. Please give examples of achievements. |

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| **Other Information**  |  |
| Earliest Date Available if Appointed |  |
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| Are you subject to any restrictions or covenants from your previous employer which may restrict your working activities? If yes, please give details ❑ Yes ❑ No |
| Are you willing to work overtime and weekends, if required? If yes, please give details of hours which won’t suit you.  |
| Have you had any criminal convictions (including spent convictions under the rehabilitation of offenders Act 1974)? If yes, please give details. ❑ Yes ❑ No |
| You may be required as part of your Application to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination prior to employment? ❑ Yes ❑ No |
| Have you applied for employment with this company before? ❑ Yes ❑ No |
| Are you related to any employee working at this company? ❑ Yes ❑ No |
|  |
| **Declaration**  |  |
|  Yes No |
| ❑ |  ❑ | Do you have any physical impairment or health problem? |
| ❑ |  ❑ | Have you ever been convicted in a court of law in any country? If yes, what were the circumstances? |
| ❑ |  ❑ | Have you been dismissed or suspended from the service of any employer? |
| ❑ |  ❑ | Are you bound by any bond to serve the government, or any organization? |
| If yes to any of the above, please give details here  |
|  |
|  |
| Have you ever interviewed with the Company or its affiliates before?  Yes  No | If yes, list job title & location applied for |
| Have you ever been employed by the Company or its affiliates before?   Yes  No | If yes, list date(s), job title(s) & location(s) |
| Do you have any relatives employed by the Company or its affiliates?  Yes  No | If yes, list name, relationship, job title and location |

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| **Certification & Authorization**  |  |

I certify that all entries are true and correct. I understand that all information on this application is subject to verification.

I agree and understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading, regardless of time of discovery.

 DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize the Company to inquire into my educational, professional, and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

I hereby acknowledge that I have read and agree to the above statements

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **For Official Use Only**  |
| Date of Commence | Designation | Department | Grade | Starting Pay |
|  |  |  |  |  |
| Interviewed By  |  | Recruitment Sources: |
| Date  |  | Source Name:  |

**FOR OFFICE USE ONLY:**

To the best of my knowledge, based on the information given throughout this pre-employment questionnaire, the applicant, (……………………………………………………………………………………) is both mentally and physically fit for the post applied for.

Manager signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NEXT OF KIN DETAILS**

We kindly ask you to fill in the below information as soon as possible:

Applicant’s Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Next of Kin’s Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Telephone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mobile: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Landline: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**We thank you in advance.**