

APPLICATION FOR EMPLOYMENT

Data Protection Act 2018

Enhanced Community Healthcare Options (ECHO) Limited, Deanston House Limited and Malsis Hall Limited may put the information you give on this form onto a computer system to support your application and the recruitment process.

Please complete in **BLOCK CAPITALS**

1. ABOUT THE VACANCY					
Vacancy Applied for				Name of Service	
2. PERSONAL DETAILS					
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> Please specify				
Surname			First Name(s)		
Address					
Full Daytime Phone No.			Full Evening Phone No.		
Email Address					
3. WORK HISTORY					
Start with your most recent job and work back. Continue on a separate sheet if necessary.					
Employer Name and Address	Employment Dates		Position Held/ Main Duties	Reason for Leaving	Salary
	From	To			

4. EDUCATION AND TRAINING
Start with the most recent and work back. Continue on a separate sheet if necessary.

University, college, school or other place studied	Course Studied	Qualifications Achieved	Date Achieved

5. ADDITIONAL EVIDENCE TO SUPPORT YOUR APPLICATION
Please give details of any experience, skill or achievements which you feel may be relevant in your application for employment. (Continue on separate sheet if necessary).

6. ADDITIONAL INFORMATION			
Please give dates of any holidays arranged			
Do you have any commitments which might limit your working hours? If Yes, please give further information below.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you willing to work overtime and weekends when required?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a criminal offence: (spent or unspent under the Rehabilitation of Offenders Legislation)? If Yes, please give further information below.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Salary range expected			
How much notice are you required to give to leave your present employment?			
Have you worked for us before? If Yes, please give reason for leaving.			
Please list your interests, sports, hobbies, etc.			
Do you have a current full driving licence?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your licence have any current endorsements? If Yes, please give further information below.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. REFERENCES			
Please give the names and addresses of two referees who are not related to you (both must be previous employers and one must be your current or most recent employer), who we can approach for a confidential assessment of your suitability for this job.			
Name		Name	
Position		Position	
Address		Address	
Tel.		Tel.	
Email		Email	
Can we approach your present/most recent employer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you agreeable to your currently employer being contacted before an offer of employment is made?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. DECLARATION OF APPLICANT			
I confirm that, to the best of my knowledge, the information I have given on this form is correct. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable for dismissal.			
Signed		Dated	

FOR OFFICE USE ONLY

INTERVIEW RECORD

Interviewed by				Date		
Comments/Areas to Examine						
Decision	Reject <input type="checkbox"/>		Further Interview <input type="checkbox"/>		Accept <input type="checkbox"/>	
Interviewer's report and reasons for decision						
Applicant informed of Interview Outcome?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
APPOINTMENT RECORD (To be completed where there has been an offer of employment).						
CONDITIONAL OFFER LETTER			REQUESTS FOR REFERENCES			
Date sent			Date sent	1	2	
Response			Reference 1	Good <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	
Acceptance <input type="checkbox"/>	Refusal <input type="checkbox"/>	No reply <input type="checkbox"/>		Unsuitable <input type="checkbox"/>	No Reply <input type="checkbox"/>	
MEDICAL/MEDICAL REPORT			Reference 2	Good <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	
Date Sent				Unsuitable <input type="checkbox"/>	No Reply <input type="checkbox"/>	
Response	Good <input type="checkbox"/>		OTHER CONDITIONS Further proof of N.I. No. or right to work requested			
	Satisfactory <input type="checkbox"/>					
	Unsuitable <input type="checkbox"/>					
Start Date						
Grade			Job Title			
Starting Salary			Personnel No.			