 **A picture containing clipart

Description automatically generated**

**APPLICATION FOR EMPLOYMENT**

**Data Protection Act 2018**

Enhanced Community Healthcare Options (ECHO) Limited, Deanston House Limited, Malsis Hall Limited & ECHO Supported Living Services 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**

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| 1. **ABOUT THE VACANCY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vacancy Applied for | | | | | | Click or tap here to enter text. | | | | | | | | | Name of Service | | | | | | | Click or tap here to enter text. | | | | | | | | |
| 1. **PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | Mr  Mrs  Miss  Ms  Other  Please specify Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | Click or tap here to enter text. | | | | | | | | | First Name(s) | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | |
| Address | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Daytime Phone No. | | | | Click or tap here to enter text. | | | | | | | | | Evening Phone No. | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| Email Address | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **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 | | | |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | | | | | | Click or tap here to enter text. | | | | | | Click or tap here to enter text. | | |
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| 1. **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 | | | | |
| Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | Click or tap here to enter text. | | | | |
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| 1. **ADDITIONAL EVIDENCE TO SUPPORT YOUR APPLICATION**   Please give details of any experience, skills or achievements which you feel may be relevant in your application for employment. (Continue on separate sheet if necessary). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **ADDITIONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please give dates of any holidays arranged | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | |
| Do you have any commitments which might limit your working hours?  If Yes, please give further information below. | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you willing to work overtime and weekends when required? | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No |
| 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 | | | | | No |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Salary range expected | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | |
| How much notice are you required to give to leave your present employment? | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Have you worked for us before? If Yes, please give reason for leaving. | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Please list your interests, sports, hobbies, etc. | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | |
| Do you have a current full driving licence? | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | |
| Does your licence have any current endorsements? If Yes, please give further information below. | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **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 | | | Click or tap here to enter text. | | | | | | | | | | | Name | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Position | | | Click or tap here to enter text. | | | | | | | | | | | Position | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Address | | | Click or tap here to enter text. | | | | | | | | | | | Address | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Tel. | | | Click or tap here to enter text. | | | | | | | | | | | Tel. | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Email | | | Click or tap here to enter text. | | | | | | | | | | | Email | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Can we approach your present/most recent employer? | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | |
| Are you agreeable to your current employer being contacted before an offer of employment is made? | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | |
| 1. **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 | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | Dated | | | Click or tap here to enter text. | | | | | | | |

**FOR OFFICE USE ONLY INTERVIEW RECORD**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interviewed by |  | | | Date |  | | | |
| Comments/Areas to Examine | | | | | | | | |
|  | | | | | | | | |
| Decision | | Reject | Further Interview | | | Accept | | |
| Interviewer's report and reasons for decision | | | | | | | | |
|  | | | | | | | | |
| Applicant informed of Interview Outcome? | | | | | | | Yes | No |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | Satisfactory | |
| Acceptance | Refusal | | No reply | Unsuitable | | No Reply | |
| **MEDICAL/MEDICAL REPORT** | | | | Reference 2 | | Good | | Satisfactory | |
| Date Sent | |  | | Unsuitable | | No Reply | |
| Response | | Good | |  | | | | | |
| Satisfactory | | **OTHER CONDITIONS** | | | | | |
| Unsuitable | | Further proof of N.I. number or right to work requested | | | | | |
| Start Date | |  | |  | | | | | |
| Grade | |  | | Job Title | | |  | | |
| Starting Salary | |  | | Personnel No. | | |  | | |