

EMPLOYMENT APPLICATION FORM

IN CONFIDENCE

Position applied for:

Office Manager

PERSONAL (Please complete this section in BLOCK CAPITALS and **BLACK INK**)

Surname:		Forename/s:	
Address:			
Telephone number:		Mobile number:	
Full driving licence:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Endorsements:	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES please give details, including dates.			
Are you involved in any activity that might limit your availability to work required hours? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES please give full details.			
Are you subject to any restrictions/covenants which may restrict your working activities? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES please give full details.			
Are you willing to work overtime and weekends if required? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you any convictions (other than spent under the Rehabilitation of Offenders Act 1974)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES please give full details.			
If offered employment you will be required to complete a pre-employment medical questionnaire.			
Are you prepared to have a medical examination before employment of required? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you worked for Bank Street Medical Group previously? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES please give full details.			
Have you applied for employment with Bank Street Medical Group before? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you need a work permit to take up employment in the UK? <input type="checkbox"/> YES <input type="checkbox"/> NO			
How much notice are you required to give your current employer?			

EDUCATION

Secondary school attended	From	To	Examinations and results
College/University attended	From	To	Courses and results
Further formal training	From	To	Qualifications
Job related training courses	Date/s	Subject	

Please give details of membership of any technical or professional associations

Please list any languages spoken and the level of competence

PRESENT OR LAST EMPLOYER

Are you currently employed?

YES NO

Name of present or last employer:	
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Address:	

Telephone number:	
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Job title and brief description of duties:

Reason for leaving:	
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Length of service: From: To:

EMPLOYMENT DETAILS

Please give details of your past employment, starting with the most recent first

Name/address of employer	Dates	Position held/main duties	Reason for leaving

INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES (e.g. hobbies, sports, club memberships)

SUPPLEMENTARY INFORMATION

Please set out any further information in support of your application (e.g. past achievements, aspirations, personal strengths)

REFERENCES

Please provide the names of two referees, one of which should be your current/last employer whom we may approach.

Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	
Occupation:		Occupation:	
Relationship:		Relationship:	
May we contact this referee prior to interview? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact this referee prior to interview? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DECLARATION

To the best of my knowledge I declare that the information contained in this application is accurate and correct. I understand that the provision of false information may result in disqualification from the recruitment process or termination of employment. I understand that where I cannot provide evidence of qualifications and/or suitable references the offer of employment may be rescinded and/or employment terminated. I understand that the information provided on this application may be stored and processed by Bank Street Medical Group for a period of 6 months for recruitment purposes and if successful the information will be stored within a personnel file and processed for the purpose of the employment relationship. In addition to this I understand that under the Rehabilitation of Offenders Act (if it applies to the post for which I am applying), any failure to disclose any unspent convictions will result in the offer of employment may be rescinded and/or employment terminated. All information contained within this form will be treated in confidence and used only for recruitment purposes. By supplying this information I am indicating my consent to this being processed for all employment purposes as defined in the Data Protection Act 1998, and any verification checks that may be made.

Signature:

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Date:

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