

Employment Application Form



OFFICE USE ONLY FORM NO DATE: RECEIVED:
--

PERSONAL DETAIL

PLEASE COMPLETE ALL THE APPLICATION

Title: *Mr Mrs Ms Other* _____

Full Name: _____ D.O.B: _____

Address: _____

City _____ Postcode _____

Phone: _____ Email _____

How long have you lived at the current address: _____ NI NO: _____ - _____ - _____

PIN NO ONLY FOR RGN _____

BANK ACCOUNT DETAILS A/C _____ S/C

DO YOU HAVE A DRIVING LICENSE? YES NO

Days/hours available to work
No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

Position Applied for: _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired full time part time

Are you a citizen of the United Kingdom ? YES NO If no, are you authorized to work in the U.k.? YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Grades: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

University: _____ Address _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Professional Trainings:

Qualification and grades	dates from & to	Name & address of institute
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CRIMINAL RECORD

HAVE YOU EVER CONVICTED OF A CRIME? YES NO

If yes, explain number of conviction(s). nature of offense(s) leading to conviction(s), how recently such offense(S) was/were committed, sentence(S) imposed, and type(S) of rehabilitation. _____

References

Please list two references other than relatives, preferably previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Email _____

Email _____

Telephone _____

Telephone _____

ADDITIONAL INFORMATION

An application form sometimes make it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying and also you can write an additional information to support your application:

Disclaimer and Signature

PLEASE READ CAREFULLY

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is because for dismissal at any time without any previous notice, I hereby give the Company permission to contact previous employers, references, and others, and hereby release the Company from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, personal characteristics, and mode of living.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant: _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

You can email your Application to:

saviournursing@hotmail.com

admin@saviournursingservices.co.uk

Or you can post it to

Saviour Nursing Services Ltd

O2 Universal Square

4th Floor Devonshire Street

Manchester M12 6JH