

## ELITE CHOICE HEALTHCARE APPLICATION FOR EMPLOYMENT

Post Applied For: <u>A.</u> Job Ref: <u>About Yourself</u>

Surname:	Other Names:
National Insurance No: Home Address:	Date Of Birth:
Post Code:	
Home Tel No:Work	Tel. No:
Mobile No: Emai	l:
May we ring you at work? Yes / No. Do	
you hold a driver's Licence? Yes / No	
Do you consider yourself to be?	
ASIAN WHITE BLACK or OTHER, Please specify	
Are you disabled? Yes / No. If yes, please specify	

## **B. WORK EXPERIENCE**

Please tell us about all the jobs you have done since leaving school, starting with your present, or most recent job. If there are gaps in employment, please tell us why e.g. Career break etc.



Employer Name & Address	Job title, Duties &	From	То	Reason For Leaving

**<u>C. EDUCATION & TRAINING (Please use additional sheet</u>)** 

School/ College/ University	From	То	Qualification(With grades & dates)



D. FURTHER INFORMATI	ON		

Please use this space to tell us about any other information that you feel we should know about and which is not already included in your application. Add a separate sheet if need be.

## E. DECLARATION OF CONVICTIONS / DISCLOSURE OF INFORMATION

As this post involves working with children and young people, you are required to declare all convictions in the past. A criminal conviction will not necessarily be a bar to obtaining the position.



## F. REFERENCES

Please provide details of two people who will provide us with a reference one of who must be your current or previous employer. We will not contact your employer before an interview, but we will contact them before an appointment.

Position:		Position:	
Organisation:		. Organisation:	
Address:		Address:	
Tel. No:		Tel. No:	
Email:		Email:	
DATA PROTECTION INFORMATION	<u> </u>		
The information which you have p personal records file if you are app		will be processed ar	nd may be held on you
By signing this application, you will information which may be consider		given your consent	to this including
Signature		Date	