

EMPLOYMENT APPLICATION

Position Being Applied For:

PERSONAL PARTICULARS

Last Name/Family Name Initial		First Name/Given Name	Middle
Prefix		Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Sir <input type="checkbox"/> Lord <input type="checkbox"/>	
Home Address		Home Tel. No.	
		Mobile Tel. No.	
Correspondence Address (if different from above)		Fax No.	
		Email Address	
Please state your National Insurance Number (NI)			
If you are not from outside the European Economic Area, do you need a work permit for this post		Yes / No	

HIGHEST EDUCATION ATTAINED

From-To	School/University	Course/Major	Qualification

PROFESSIONAL QUALIFICATION

From - To	School/University	Course / Major	Qualification

COURSES CURRENTLY PURSUING

Expected Date of Completion	School / University	Course

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Employment History

List your present or most recent employer first. If you held significantly different positions with the same employer, list them separately. Explain any gaps in employment in comments section below. Your employment history must go back for at least 5 years. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Dates Employed		Employer Name		Starting Salary
FROM	TO			
		Employer Address	Employer Tel. No.	
				Ending Salary
Job Title			Reason for Leaving	
Summarize the nature of the work performed and job responsibilities				

Dates Employed		Employer Name		Starting Salary
FRO M	TO			
		Employer Address	Employer Tel. No.	
				Ending Salary
Job Title			Reason for Leaving	
Summarize the nature of the work performed and job responsibilities				

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Dates Employed		Employer Name		Starting Salary
FRO M	TO			
		Employer Address	Employer Tel. No.	Ending Salary
Job Title			Reason for Leaving	
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Dates Employed		Employer Name		Starting Salary
FRO M	TO			
		Employer Address	Employer Tel. No.	

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				Ending Salary
Job Title			Reason for Leaving	
Summarize the nature of the work performed and job responsibilities				

Comments (including explanations of any gaps in employment)

PROFICIENCY IN LANGUAGES

Native Languages

Other Languages	Speak			Read			Write		
	High	Moderate	Low	High	Moderate	Low	High	Moderate	Low
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROFICIENCY IN NUMERACY

Basic Numeracy

	Counting			Read/Writing			Basic calculations		
	High	Moderate	Low	High	Moderate	Low	High	Moderate	Low
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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DRIVING

Do you hold a current full UK Driving License or equivalent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of any endorsements?	
Do you have a car?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Skills

Nursing	
Others	

REFERENCES

Please give below the names, addresses and contact details (incl. phone and fax numbers) of two persons not related to you whom references may be sought, **at least one whom should be your recent employer.**

Name	Company name & Address	Position	Telephone/Fax No.	Years Known

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activities? If yes, Please give details		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to work overtime and weekends, if required? If yes, please give details of hours which won't suit you.		
Have you had any criminal convictions (including spent convictions under the rehabilitation of offenders Act 1974)? If yes, Please give details.		Yes <input type="checkbox"/> No <input type="checkbox"/>
You may be required as part of your employment to complete a post-employment Medical Questionnaire. Are you prepared to undergo a medical examination when employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you applied for employment with this company before?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you related to any employee working at this company?		Yes <input type="checkbox"/> No <input type="checkbox"/>
DECLARATION		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any physical impairment or health problem so that reasonable adjustments be made to help you carry out your role?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted in a court of law in any country? If yes, what were the circumstances?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been dismissed or suspended from the service of any employer?
<input type="checkbox"/>	<input type="checkbox"/>	Are you bound by any bond to serve the government, or any organisation?
If yes to any of the above, please give details here		
Have you ever interviewed with the Company or its affiliates before? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, list job title & location applied for
Have you ever been employed by the Company or its affiliates before? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, list date(s), job title(s) & location(s)
Do you have any relatives employed by the Company or its affiliates? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, list name, relationship, job title and location

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DISCLOSURE

Ample Healthcare Services Ltd are required by regulations to carry out a Barred List check and Enhanced DBS through the Disclosure and Barring Service (DBS Check)

Please select one of the following options	YES	NO
a) I have submitted a copy of my DBS Check to Ample Healthcare Services Ltd which is no more than 12 months old whilst my new DBS Check is being processed/updated. I enclose my completed DBS Application Form.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) I do not hold a current DBS Check; please send me an activation email to enable me to complete an online Application. I understand that I will be required to produce original documentation to complete this process (Please ensure you complete section 3 of the Application Form if you tick this option)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please confirm:	YES
A DBS Check is required under legislation, it is personal to you and applicants are required to pay for the DBS check. You will be prompted, via email, to make payment once your application has been verified. Prompt payment will avoid any delays to your start date or cancellation and/delay of your appointment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I consent to Ample Healthcare Services Ltd passing a DBS check relating to me onto interested third parties for work finding purposes (e.g. service users or governing bodies) Please note that the DBS Update Service lets applicants keep their DBS certificates up to date. You can register online as soon as you have your application form reference number or you can wait and register within 19 days of your certificate being issued. We recommend that you use the update service and register as soon as possible. Registration lasts for 1 year and costs £13 per year (payable by debit or credit card only). For more information and to register see www.gov.uk/dbs-update-service	Yes <input type="checkbox"/> No <input type="checkbox"/>

CERTIFICATION & AUTHORIZATION

I certify that all entries are true and correct. I understand that all information on this application is subject to verification.

I agree and understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading, regardless of time of discovery.

DATE: _____ SIGNATURE OF APPLICANT: _____

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

I hereby acknowledge that I have read and agree to the above statements

DATE: _____ SIGNATURE OF APPLICANT: _____

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NEXT OF KIN DETAILS

We kindly ask you to fill in the below information as soon as possible:

Applicant's Name _____

Next of Kin's Name _____

Relationship _____

Address _____

Telephone

Mobile _____

Landline _____

We thank you in advance.

Best Regards,

Support Manager

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FOR OFFICIAL USE ONLY				
Date of Commence	Designation	Department	Grade	Starting Pay
Interviewed By		Recruitment Sources:		
Date		Source Name:		

FOR OFFICE USE ONLY:

To the best of my knowledge, based on the information given throughout this pre-employment questionnaire, the applicant, (.....) is both mentally and physically fit for the post applied for.

Manager signature: _____

Date: _____