

Position applied for:		
Full time	<input type="checkbox"/>	Part time
	<input type="checkbox"/>	Shift work
	<input type="checkbox"/>	<input type="checkbox"/>
Ethnic origin		
Medical History		
Have you any known health problems? If Yes please describe		Yes / No
Have you any disabilities that may affect your application? If Yes please describe		Yes / No
Are you registered disabled?		Yes / No
Have you ever suffered from any back / neck injuries If Yes please describe		Yes / No
Have you ever suffered from any dermatological disorders (skin conditions) If Yes please give details		Yes / No
Doctors name and address		
Tel No :		
Please list any diseases / disorders / allergies from which you suffer / or have suffered		
Please list here any regular medication you are taking		

Please indicate the total number of days you have been absent from work in the past 12 months – with reasons

NB: This application is subject to a CRB enhanced disclosure

Previous employment – Please include details of your most recent employment and give details of all other employments working in reverse from most recent. Any gaps in employment history will be investigated further.

Name of employer	Position Held	Period of employment	Reasons for leaving

Current rate of pay

Notice required in current position

Please note here any leisure interests and hobbies you may have.

Personal references – One should be from your most recent employer – references from family members will not be accepted

<p>Name:</p> <p>Address:</p> <p>Occupation/Company:</p> <p>Telephone:</p>	<p>Name</p> <p>Address:</p> <p>Occupation / Company:</p> <p>Telephone:</p>
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Please use this space to tell us how you feel you could contribute to the staff team at Oxendon House.

Declaration

Please read carefully before signing and dating the form.

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give the employer the right to terminate any employment contract offered.
2. I agree that the Company reserves the right to require me to undergo a medical examination.

Signed

Date

Received completed and signed Date

For official use only – Comments on applicant

Date employment to commence	
Starting hourly rate of pay	
CRB application sent	
CRB returned	
References sent	
References returned – 1	
References returned – 2	
Offer letter	
Induction package given to new starter	
Uniform	

Other relevant comments :