

Job Application Form

Thank you for your interest in our current vacancy, please complete this form clearly in black ink or type and return it to us as soon as possible.

Post applied for:			
Location:	Mayfield <input type="checkbox"/>	Framfield <input type="checkbox"/>	

1. PERSONAL DETAILS (BLOCK CAPITALS PLEASE)

Surname:		Forenames:		
Former Surnames if different:		Preferred title: (Dr, Mr, Mrs, Ms, Miss etc):		
<u>Address:</u>		Tel No (home):		
		Tel No (business):		
		Tel No (mobile):		
		Email address:		
Nationality:		National Insurance No.		
Do you need a work permit to be employed in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you already have a work permit, when does it expire?		
Next of Kin				
Name:		Relationship:		
Address:		Tel No (home):		
		Tel No (mobile):		
		Tel No (business):		
Where did you learn of the post?				
Preferred hours		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Bank

2. EDUCATION AND PROFESSIONAL QUALIFICATIONS

Secondary School / College / University	Dates		Examinations taken	Date	Result
	From	To			

Professional Qualifications relevant to the role you are applying for:
(please include grade and date qualified)

Other relevant Educational or Training Courses:
(please include grade and date qualified)

3. PRESENT POST

Title of Post:		Salary/hourly rate:	
Name of Employer:		Business of Employer:	
Address:		Date commenced:	
		Date ended: (if applicable)	
		Period of notice required to terminate present employment: (if applicable)	

Please outline your responsibilities, to whom you are responsible and any staff responsible to you (if applicable):

Reason for leaving or wishing to leave:

Please notify us of any dates you are available for interview:

4. PREVIOUS EMPLOYMENT

Employment History must include ALL positions held since leaving education. To comply with regulations, please give a full breakdown of your employment history and explain any gaps.

Name & address of employer	Position held	Dates		Reason for leaving	Salary/hourly rate
Description of duties:					
Name & address of employer	Position held	Dates		Reason for leaving	Salary/hourly rate
Description of duties:					
Name & address of employer	Position held	Dates		Reason for leaving	Salary/hourly rate
Description of duties:					

Please continue on separate page if necessary.

5. RELEVANT SKILLS/EXPERIENCE

Why have you applied for this job and what relevant skills, abilities, knowledge and experience do you have?

Driving Licence

Please note: if you are applying for a care related role, you need to have held a manual driving licence for at least 1 year and ideally be over 21 yrs old for insurance purposes.

DVLA Checks: you must provide us with the correct information and declare any driving offences and the outcomes of these, otherwise this could affect your application.

Do you hold a current driving licence?

Yes No

Date of issue:

What is the licence type?

Manual Auto

Do you own a car?

Yes No

Have you ever had any driving convictions (including driving under the influence of alcohol) ?

Yes No

Do you have any points on your licence?

Yes No

If Yes, how Many?

Language - if English is not your first language, please state your first language:

6. OTHER INFORMATION:

What activities outside work interest you?

7. HEALTH:

Do you have any current medical or mental health conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please give details:	
Please state the number of days sickness absence in the last 2 years:	

8. REHABILITATION OF OFFENDERS ACT 1974:

Because of the nature of the work involved, the post for which you are applying is exempt from section 4(2) of the Rehabilitation of Offender Act 1974 by virtue of the Rehabilitation of Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose?

YES NO

If YES, please provide further details: use separate sheet if necessary

9. REFERENCES

I hereby authorise you to contact the references below to obtain any information which, in your opinion, will attest to my suitability, qualifications and work history. **Tick here** []

Please ensure both sections are completed.

Referee 1 – Employer Reference

This should be your **current or most recent employer.**

Referee 2 – Character Reference

This must be someone you have known for **3 YEARS or more** and cannot be a relative or employer

Title:	(Mr, Mrs etc):	Title:	(Mr, Mrs etc):
Full Name:		Full Name:	
Job Title:		Occupation:	
Organisation:		Organisation:	
Address:		Address:	
Tel No:		Tel No:	
Mobile No:		Mobile No:	
E-mail address:		E-mail address:	
Please state if we may obtain this reference prior to interview.		Please state if we may obtain this reference prior to interview.	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

10. DECLARATION

I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, and I am subsequently offered employment; this will be sufficient grounds for terminating my employment.

Signature:

Date:

Name:

The information provided by you on this form as an applicant will be stored in accordance with GDPR regulations and will be processed solely in connection with recruitment.

We will not share any identifiable information about you with third parties without your consent unless the law allows or requires us to do so. The personal data provided during an application process will be retained for a period of at least six months or, if required by law, for as long as is required.

This privacy notice does not form part of an employment offer or contract between us. If we make an employment offer to you, we will provide further information about our handling of your personal information in an employment context separately.

If you would like to find out more about our data retention policy and how we use your personal data, you want to see a copy of the information about you that we hold or have any questions or issues regarding data protection, please email us with the Subject "Data Protection Request".



Thank you for your interest in PjL Healthcare Ltd and for completing this Application Form, we will be in touch shortly.

PjL Healthcare Ltd, Mayfield House, East Street, Mayfield, East Sussex, TN20 6TZ
Telephone - 01435 872201

www.pjlhealthcare.co.uk info@pjlhealthcare.co.uk