

CONFIDENTIAL APPLICATION

FOR EMPLOYMENT

1.POSITION APPLIED FOR:

Care Home:

Available to take up employment (Date) :

Prepared to work: Full Time Part Time Shift

How did you hear of us? :

2.PERSONAL DETAILS

Surname:

Forenames:

Address

Postcode:

Home Telephone No:

Mobile Telephone No:

E-mail address:

Marital status:

1 Single 2 Married 3 Widowed 4 Divorced

Date of Birth:

Number and ages of children (if relevant):

Next of Kin:

Relationship:

Address:

Home Tel:

Work Tel:

Do you have any relatives working for Parklands Ltd? :

4.EMPLOYMENT HISTORY

Please start with last/present job and, if necessary, continue on a separate sheet

From	To	Employers Full Name and Address	Position Held	Salary	Reason for Leaving

5.HEALTH

Are you in good health? Yes No

Do you smoke? Yes No

Have you had any back problems over the last five years? Yes No

Total number of sick days in last 12 months? :

Have you ever attended your doctor in the past 5 years for any major condition?
If so, please state condition, if not please state, "Not Applicable".

Reason:

Month & Year:

Number of weeks unable to work:

Doctors Name & Address:

Are there any disabilities which may affect your application? Yes No

Are you registered disabled? Yes No RDP No:

Do you suffer or have you ever suffered from the following:

	Yes	No	Please give details
Back or neck pain?			
Rheumatic or arthritic conditions?			
Hernia			
Upper limb disorder eg carpal tunnel syndrome, tendonitis or tenosynovitis?			
Fits, fainting attacks or epilepsy?			
Tuberculosis or hepatitis?			
Typhoid, paratyphoid, food poisoning or dysentery?			
Depression, anxiety, mental or nervous illness or have you been referred for psychiatric assessment?			
Have you ever suffered from or come into contact with Methicillin Resistant Staph Aureus (MRSA)?			
Have you received any blood test or personal medical advice in connection with AIDS or AIDS related conditions?			
Any illness or medical condition not specified above?			
Are you currently on any medication, or undergoing any treatment?			

6.GENERAL

Please give details of any interests or hobbies:

Are you a member of a professional body or union? If so, please give details:

Nursing Speciality (if relevant) – What are your main specialities?:

If offered this position will you continue to work in any other capacity? (Give details):

Rehabilitation of Offenders Act 1974 – Exemption from S4(2)

This employment is exempted from the above and employees are not therefore entitled to withhold information about "spent" convictions. In the event of you ever having been convicted of any offence by a court of law, please give details of the offence(s) with dates. If you have not, please write, "No Convictions":

7. REFEREES

Please give the name, address and telephone number of two persons who have agreed to provide a reference on your behalf, preferably your last two employers.

1. Name :

Address :

Postcode:

Tel No:

2. Name:

Address:

Postcode:

Tel No:

8. DECLARATION

To the best of my knowledge and belief the replies given to questions on this application form are true and correct. I understand that non-disclosure or suppression of any relevant facts known by me may prejudice my application, or if appointed could lead to the termination of my employment. I authorise the Company to obtain references and a medical report from my doctor or hospital specialist to support this application once an offer has been made and accepted and release Parklands and referees from any liability caused by giving and receiving information.

Signed Date

It is Parklands' policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, sex or marital status.

Please return completed forms to:
Reception
Head Office
High Street
Buckie
AB56 4AD