



CONFIDENTIAL APPLICATION

FOR EMPLOYMENT

1. POSITION APPLIED FOR

CARE HOME LOCATION.....

Available to take up employment (Date)

Prepared to work (please tick all that apply):

Full Time	
Part Time	
Relief	

How did you hear of us?

2. PERSONAL DETAILS

Surname

Forenames

Address

.....

Postcode

Home Telephone No

Mobile Telephone No

E-mail address

Do you have any relatives working for Parklands?

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

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, 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

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 – What are your main specialities?
.....

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

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.

The information on this form will be held only for the duration of the recruitment for this post and will be destroyed once the selection and appointment process is over, should you be unsuccessful. However, should you wish your application form kept for period of 6 months, where we can contact to you if a suitable position should arise, please tick the box.
Successful applicants' forms will be retained according to our company policies.

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 for any reason.

Please return completed form to:

Reception or lorna.king@parklandsgroup.com
Parklands Head Office
High Street
Buckie
AB56 4AD

EQUAL OPPORTUNITIES QUESTIONNAIRE

We are committed to pursuing equality of opportunity within the principle of appointment based on merit. Monitoring recruitment practice is one way of helping us to ensure there is no discrimination in the way people are selected. The information you provide on gender, age, ethnic origin and disability will be used for monitoring purposes.

This page will be separated from your application upon receipt. The information it contains will not influence your application.

SURNAME FORENAME

POST APPLIED FOR

Gender (Please tick) MALE FEMALE

Age Under 21 years 50 – 59 years
 21 – 29 years 60 – 65 years
 30 – 39 years Over 65 years
 40 – 49 years

Ethnic Origin A – White Please tick one category from A, B, C, D or E

<input type="checkbox"/> Scottish	<input type="checkbox"/> Irish
<input type="checkbox"/> Other British	<input type="checkbox"/> Any other white background
<input type="checkbox"/> B – Any mixed background	<input type="checkbox"/> C – Asian, Asian British
<input type="checkbox"/> D – Black, Black British	<input type="checkbox"/> E – Other Ethnic background

Disability: Defined as physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities

In these terms do you consider yourself to have a disability? Yes..... No.....

In terms of the Data Protection Act 1988, I consent to the information, which I have provided being used to monitor the effectiveness of Parkland’s Equality and Diversity Policy.

Signed Date