|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | EMPLOYMENT APPLICATION FORM DDRC Healthcare | | | | | | | | | **DDRC Healthcare Colour Small.jpg** | |
|  | | | | | | | | | | | |
| **POSITION APPLIED FOR:** | | | | | **Bank Chamber Team** | | | | | | |
|  | | | | | | | | | | | |
| **The following information will be treated in the strictest confidence.** | | | | | | | | | | | |
| **PERSONAL** | | | | | | | | | | | |
| (Please complete this section in BLOCK CAPITALS) | | | | | | | | | | | |
| Surname: | |  | | | | First Name(s): | | |  | | |
| Address: | |  | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Mobile Phone No: | | | | | | | Email: | | | | |
| Full Driving Licence: | | | | YES/NO | | | Endorsements: | | | | \*YES/NO |
| \* If YES, please give further details including dates. | | | | | | |  | | | | |
|  | | |  | | | |  | | | | |
| Are you involved in any activity which might limit your availability to work or your working hours e.g., local government? | | | | | | | | | | | YES/NO |
| If YES, please give full details. | | | |  | | | | | | | |
| Are you subject to any restrictions or covenants which might restrict your working activities? | | | | | | | | | | | YES/NO |
| If YES, please give full details | | | |  | | | | | | | |
| Are you willing to work overtime and weekends if required? | | | | | | | | | | | YES/NO |
| Please give details of any hours which you would not wish to work: | | | | | | | |  | | | |
| It is a criminal offence for barred individuals to apply to work with children or vulnerable adults in a regulated activity. Are you on a barred list? | | | | | | | | | | | YES/NO |
| Have you any convictions, including both spent and unspent convictions under the Rehabilitation of Offenders Act 1974? (A copy of the Company’s Equal Opportunities Policy and Disclosure and Disclosure Information Policy is available on request. These reflect the CRB/Disclosure Scotland Codes of Practice) | | | | | | | | | | | YES/NO |
| If YES, please give full details | | | |  | | | | | | | |
| You may be required, if offered employment, as part of your Application to complete a Medical Questionnaire. Are you prepared to undergo a medical examination prior to employment? | | | | | | | | | | | YES/NO |
| Have you ever worked for this business before? | | | | | | | | | | | YES/NO |
| If YES, please give full details | | | | | | | | | | | YES/NO |
| Have you applied for employment with this business before? | | | | | | | | | | | YES/NO |
| Do you need a work permit to take up employment in the UK? | | | | | | | | | | | YES/NO |

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Schools attended since age 11 | From | To | Examinations and Results |
|  |  |  |  |
| College or University | From | To | Courses and Results |
|  |  |  |  |
| Further Formal Training | From | To | Diploma/Qualification |
|  |  |  |  |
| Job related Training Courses  Name of Organisation | Date | Subject | |
|  |  |  | |

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| --- |
| Please give details of membership of any technical or professional associations: |
|  |
|  |

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| --- |
| Please list languages spoken and the level of competence: |
|  |
|  |

**Note Proof of applicant’s qualifications must be attached e.g. photocopies of certificates awarded etc.**

**This information will be verified where necessary.**

**EMPLOYMENT DETAILS**

Please give details of all of your past employment, excluding your present or last employer, stating the most recent first (continue on a separate sheet if necessary). **Please give reasons for gaps in employment.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and address of employer | Dates | Position held/Main duties | Reason for leaving |
|  |  |  |  |

**PRESENT OR LAST EMPLOYER**

Are you currently employed? YES/NO

|  |  |
| --- | --- |
| How much notice are you required to give to your current employer? |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of present or last employer: | | | | |  | | | |
|  | | | | |  | | | |
| Address: |  | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Telephone No: | |  | | | | | | |
|  | |  | | | | | | |
| Nature of business: | | |  | | | | | |
|  | | |  | | | | | |
| Job title and a brief description of your duties: | | | | | |  | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Reason for Leaving: | | | | | | | | |
|  | | | | | | | | |
| Length of Service: | | | | From: | | | To: | |
| OTHER EMPLOYMENT – Please note any other employment you would continue with if you were successful with the position offered. | | | | | | | | |
| **EXPERIENCE AND ACHIEVEMENTS –** Please give a concise account of relevant experience in support of this application, including leisure interests. Continue on a separate sheet if necessary  Please also give reasons for any gaps in employment history. (Continue on a separate sheet if necessary). | | | | | | | | |
| **GENERAL COMMENTS –** Please detail here your reasons for this application and what do you feel you can bring to the post. | | | | | | | | |
| **INTERESTS** | | | | | | | | |
| **SUPPLEMENTARY INFORMATION** | | | | | | | | |

**DISCLOSURES**

Given the nature of the job applied for, in the event that I am offered the position, I understand that any offer of employment is subject to information on my criminal record being disclosed to the Company by the Criminal Records Bureau (CRB).

Given the nature of the job for which I have applied, I understand that any offer of employment will be subject to information on my criminal record being disclosed to the Company by the Criminal Records Bureau / Disclosure Scotland. I have been given a copy of the Company’s Equal Opportunities Policy, which includes information relating to the recruitment of ex-offenders.

**DECLARATION**

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

|  |  |
| --- | --- |
| Signature: | Date: |

**REFERENCES**

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? YES/NO

|  |  |
| --- | --- |
| Name: | Name: |
| Position: | Position: |
| Address: | Address: |
|  |  |
|  |  |
| Tel. No: | Tel. No: |

**SOURCE OF APPLICATION**

How did you hear of this vacancy?

|  |
| --- |
|  |

Please submit applications by either –

Email: [info@ddrc.org](mailto:info@ddrc.org) – all electronic applications will be acknowledged, if you do not receive this by 05 September 2018, please resend and contact DDRC Healthcare

Post - HR Dept, DDRC Healthcare, Plymouth Science Park, Plymouth, PL6 8BU.