<image/> <section-header><section-header></section-header></section-header>	RM
POSITION APPLIED FOR :	
Mr/Mrs/Miss/Ms (delete as appropriate)	
First Name(s)	
Family Name	
Address	
Postcode	
Mobile no.	Telephone no. (Home)
Email Address	Date of Birth
Are there any restrictions on you taking up empl (If yes, please provide details)	oyment in the UK? Yes □ No □

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PRIVATE AND CONFIDENTIAL

EDUCATION HISTORY

Qualifications gained

Colleges/Universities

Qualifications gained

Other Qualifications

OTHER EMPLOYMENT

Please note any other employment you would continue with , if you were to be successful in obtaining this position.

EMPLOYMENT HISTORY - most recent first (Please complete in full and use a separate sheet if necessary)

NAME AND ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	START/FINISH DATES	REASO N FOR LEAVIN G

PRIVATE AND CONFIDENTIAL

Notice required in current past:		•
Notice required in current post:		

REFERENCES

CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.

LEISURE

Please note here your leisure interests, sports and hobbies, other pastimes etc.

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GENERAL COMMENTS

Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the person specification).

HEALTH DETAILS

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? Yes No Are you a smoker? Yes No		
Please specify any special arrangements for work associated with any impairment.		
Please specify any special arrangements you will need to attend an interview.		
Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer from		
Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.		
Please list all absences from work in the past 12 months and the reasons for such absences.		

Can you please confirm your COVID vaccination status:

Double vaccinated – please attach evidence this status
Not vaccinated – please attach evidence of reasons
why.

DECLARATION (Please read this carefully before signing this application)

- 1. I confirm that the above information is complete and correct and has been written by me and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
- 2. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
- 3. I agree that my previous employers may be approached for references. I also agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a standard or enhanced (as appropriate) disclosure. I understand that should I fail to do so, or should the disclosure or reference not be satisfactory, any offer of employment may be withdrawn or my employment terminated

Signed:

Date:

Please return this form to: Future Living Hertford Vale House 43 Cowbridge Hertford SG14 1PN sandra@futurelivinghertford.co.uk