

EMPLOYMENT HISTORY (beginning with your most recent Employer)

Length of Employment	Name & address of Employer	Job Title	Duties	Rate of Pay	Reason(s) for Leaving

Length of Employment	Name & address of Employer	Job Title	Duties	Rate of Pay	Reason(s) for Leaving

Notice period required with current Employer:

DECLARATION

(Please read this carefully before signing the Application Form

I confirm the above information is complete and correct.

Any offer of appointment may be withdrawn if you knowingly withhold information, or provide false or misleading information.

If your application is successful, your employment may be terminated should any subsequent information come to light once you have been appointed.

If my Application for Employment is successful, I authorise you to contact my doctor for further details and confirmation of my state of health.

EITHER

If my Application for Employment is successful, I agree to undergo a medical examination if this is required to ensure my suitability to carry out my duties.

I have given my explicit consent freely.

I authorise you to contact the above two stated referees.

Signed:

Dated:

THE PENINSULA PRACTICE

Equal Opportunity Policy Form

We are an equal opportunity Employer.

We have a policy to ensure no job applicant or Employee receives less favourable treatment on the grounds of sex, disability, marital status, civil partnership, colour, race, or ethnic origin, age, nationality, religion, religious or philosophical belief, sexual orientation, gender re-assignment or is disadvantaged by conditions or requirements that cannot be shown by us to be justifiable.

We frequently review selection criteria and procedures to ensure that individuals are selected, promoted and treated on the basis of their relevant merits.

All our Employees are given equality of opportunity and are encouraged to progress within the Practice.

We are committed to an ongoing programme of action to make this policy fully effective.

To ensure this policy is fully and fairly implemented and monitored and for no other reason, would you please complete the table overleaf and return this form to us, together with your Application for Employment Form.

Proof of Eligibility of UK Employment	<u>Document(s) Used as Proof:</u>		<u>Satisfactory:</u> YES / NO	<u>Date Copied:</u>
Proof of Identity Received	<u>Date:</u>	<u>Document(s) Used as Proof:</u>		
Photograph Received	YES / NO	<u>Date:</u>		<u>Satisfactory:</u> YES / NO
References Required	YES / NO	<u>References Received</u>	<u>Date:</u>	<u>Satisfactory:</u> YES / NO
Medical Report Required	YES / NO	<u>If YES – Date Consent received:</u>		<u>Satisfactory:</u> YES / NO
Proof of Registration Required	YES / NO	<u>If YES – Date Consent received:</u>		
		<u>Date Requested:</u>	<u>Date Received:</u>	<u>Satisfactory:</u> YES / NO
Proof of Licence Required	YES / NO	<u>If YES – Date Consent received:</u>		
		<u>Date Requested:</u>	<u>Date Received:</u>	<u>Satisfactory:</u> YES / NO
Proof of Qualifications Required	YES / NO	<u>If YES – Date Consent received:</u>		
		<u>Date Requested:</u>	<u>Date Received:</u>	<u>Satisfactory:</u> YES / NO
DBS Clearance Required	Yes	No	IF “YES”, confirm receipt of Suitable Disclosure Document	<u>Date Received:</u>
Start Date				