THE PENINSULA PRACTICE Application for Employment Form

POSITION						
The contents of this form will be treated as confidential						
	PERSON	AL DETAILS				
Surname	Surname Forenames					
Mr/Mrs/Ms/Miss (delete as appropriate)	Address					
Post Code		Telephone number				
Do you have a current driving licence? YES NO						
If there any endorsements on your driving licence, please give details below:						

EDUCATION HISTORY						
School / College / Qualifications Gained						

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 r	Notice period required with current Employer:							

GENERAL COMMENTS

Please detail here your reasons for applying for this position, your main achievements to date and the strengths you would bring to this post.

This is the part of the application form where you can bring to our attention any qualities you believe we should be aware of.

Do not feel under any obligation to complete this section if you believe the rest of this form has brought out these qualities in sufficient detail.

If you find there is insufficient space, please continue on a separate sheet.

LEISURE					
Please give details of your leisure interests, sports and hobbies and other pastimes.					

REFERENCES Please give the name and address of two people from whom we may obtain a character and work experience reference.						
1						
2						

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Please give details of any criminal convictions except those spent under the Rehabilitation of Offenders Act 1974.

For the purpose of this post you are not required to provide this information.

DISCLOSURE & BARRING SERVICE (DBS) CHECKS

Any person applying for a position which requires a Regulated Activity to be performed, or is exempt from the Rehabilitation of Offenders Act 1974 will require Disclosure & Barring (DBS) checks to be undertaken.

Please confirm your acceptance of this by signing below.

For the purpose of this post you are not required to undertake a DBS check therefore you need not sign below.

Signed: Date:

DECLAR	ατιον				
(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Any offer of appointment may be withdrawn if you knowingly withhold information, or provide					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 misleadi	ing information.				
If your application is successful, your employme	ent may be terminated should any subsequent				
information come to light on	ce you have been appointed.				
If my Application for Employment is successful, I	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.					
5 <i>,</i> 1	•				
I authorise you to contact the above two stated referees.					
Signed:	Dated:				

FOR PRACTICE OFFICE USE ONLY						
NAME OF APPLICANT:						
POSITION APPLIED FOR:						
Rejection letter – Yes : No If yes – date sent:						
Reasons for rejection / accepta	ance for 1 st inter	rview:				
1 st interview date:		Rejection letter / 2nd Interview				
Notes on 1 st interview:						
2 nd interview date:		Offer Letter / Rejection Letter				
Notes on 2 nd interview:						
Acceptance Received	YES / NO	Date Received:				

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 reassignment 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						atisfacto YES / N	-	Date Copied:	
Proof of Identity Received	Date: Document(s) Used as Proc								
Photograph Received	YE	s / NC)		<u>Da</u>	<u>te:</u>		<u>Satisfactory:</u> YES / NO	
References Required	YE	YES / NO Referen Receive				Date:			<u>Satisfactory:</u> YES / NO
Medical Report Required	YES / NO			f YE	S – Date Consent received			ved:	<u>Satisfactory:</u> YES / NO
Proof of Registration	YES	s / NC)	If YES – Date Consent			sent r	eceived:	
Required	Date Requested: Date Received:				<u>Satisfactory:</u> YES / NO				
Proof of Licence	YES / NO			ent r	eceived:				
Required	Date Requeste		uestec	d: Date Received:			<u>Satisfactory:</u> YES / NO		
Proof of Qualifications	YES / NO				If YES – Date Consent received:				
Required	Date Requeste		uestec	<u>l:</u>	Date Received:			<u>Satisfactory:</u> YES / NO	
DBS Clearance Required				ES", confirm receipt of le Disclosure Document			t	Date Received:	
Start Date									