

EMPLOYMENT APPLICATION



Position Applying For:

Please complete this form in black ink and complete all sections

Data Protection Statement

The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) is collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Company to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.

Equality of Opportunity Statement

The Company's Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, race, ethnic origin, nationality, color, religious persuasion or belief, cultural or linguistic background, marital status, sexual orientation, disability, or offending background unless unequal, or different treatment can be shown to be justified and is appropriate

Data Protection Statement

Last Name/Family Name	First Name/Given Name	Middle Initial
Prefix Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/>	Marital Status: Singled <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	
Date of Birth (dd/mm/yy)	Country of Birth	Nationality
Home Address		Identity Card No./Passport No.
		Home Tel. No.
Correspondence Address (if different from above)		Mobile Tel. No.
		Fax No.
Please state your National Insurance Number (NI)		Email Address
If you are not from outside the European Economic Area, do you need a work permit for this post		Yes / No

HIGHEST EDUCATION ATTAINED

From - To	School / University	Course/Major	Qualification

PROFESSIONAL QUALIFICATION

From - To	School / University	Course/Major	Qualification

COURSES CURRENTLY PURSUING

Expected Date of Completion	School / University	Course

EMPLOYMENT HISTORY

List your present or most recent employer first. If you held significantly different positions with the same employer, list them separately. Explain any gaps in employment in comments section below. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Dates Employed		Employer Name		Starting Salary	
From	To			Employer Address	
		Ending Salary			
Job Title				Reason for Leaving	
Summarize the nature of the work performed and job responsibilities					

Dates Employed		Employer Name		Starting Salary	
From	To			Employer Address	
		Ending Salary			
Job Title				Reason for Leaving	
Summarize the nature of the work performed and job responsibilities					

Dates Employed		Employer Name		Starting Salary
From	To	Employer Address	Employer Tel. No.	Ending Salary
Job Title			Reason for Leaving	
Summarize the nature of the work performed and job responsibilities				

Dates Employed		Employer Name		Starting Salary
From	To	Employer Address	Employer Tel. No.	Ending Salary
Job Title			Reason for Leaving	
Summarize the nature of the work performed and job responsibilities				

Dates Employed		Employer Name		Starting Salary
From	To	Employer Address	Employer Tel. No.	
				Ending Salary

Job Title	Reason for Leaving
-----------	--------------------

Summarize the nature of the work performed and job responsibilities

Comments (including explanations of any gaps in employment)

EMPLOYMENT HISTORY

Native Languages									
Other Languages	Speak			Read			Write		
	High	Moderate	Low	High	Moderate	Low	High	Moderate	Low
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRIVING

Do you hold a current full UK Driving License or equivalent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of any endorsements?	
Do you have a car?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SKILLS

Nursing	
Others	

REFERENCES

Please give below the names, addresses and contact details (incl. phone and fax numbers) of two persons not related to you whom references may be sought, **at least one whom should be your recent employer.**

Name	Company name & Address	Position	Telephone/Fax No.	Years Known

NEXT OF KIN DETAILS

We kindly ask you to fill in the below information as soon as possible:

Next of Kin's First Name _____

Next of Kin's Surname _____

Relationship _____

Address _____

Telephone _____

Mobile _____

Landline _____

OTHER INFORMATION

Earliest Date Available if Appointed
Are you subject to any restrictions or covenants from your previous employer which may restrict your working activities? If yes, please give details. Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to work overtime and weekends, if required? If yes, Please give details of hours which won't suit you
Have you had any criminal convictions (including spent convictions under the rehabilitation of offenders Act 1974)? If yes, Please give details Yes <input type="checkbox"/> No <input type="checkbox"/>
You may be required as part of your Application to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination prior to employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for employment with this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to any employee working at this company? <input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any physical impairment or health problem? <i>(Complete detail Health Form Attached)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted in a court of law in any country? If yes, what were circumstances?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been dismissed or suspended from the service of any employer?
<input type="checkbox"/>	<input type="checkbox"/>	Are you bound by any bond to serve the government, or any organisation?
If yes to any of the above, please give details here		
Have you ever interviewed with the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list job title & location applied for	
Have you ever been employed by the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list date(s), job title(s) & location(s)	
Do you have any relatives employed by the Company or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list name, relationship, job title and location	



Payment Details

First Stop Recruitment Services Limited pays agency staff online directly into their bank account. You will receive fully detailed pay advice and money will be available in your bank account at the earliest.

How are you going to be paid?

PAYE **LTD Company**

Bank/ Building Society name:

Bank/ Building Society address:

Account Holder Name:

Account Number:

Bank-sort code:

If you are being paid LTD Company please provide the following:

LTD Company name:

Company Registration:

VAT Registration if applicable:

Company Account Number:

Company Sort Code:

If you are being paid via an Umbrella Company, please provide the following:

Name of Umbrella Company:

Company Contact Number:



We embrace

Medical History

All the information I have provided in this application is true to the best of my knowledge.

Have you lived continuously in the UK for the last 5 years?

Yes

No

If no, please list the countries that you have resided in for more than 1 month in the last 5 years:

Do you have any illness, impairment or disability (physical or psychological) that may affect your ability to work?

Yes

No

Have you ever had any illness, impairment or disability (physical or psychological) that has been made worse by your work?

Yes

No

Are you having or are you waiting for treatment or investigations at present?

Yes

No

If you answered yes to any of the above questions, please give details below:

Have you had any vaccinations for any communicable diseases in the last 12 months?

Yes No

If yes, please give details of which below:

Do you have any of the following?

A cough which has lasted for more than 3 weeks?

Yes No

Unexplained weight loss?

Yes No

Unexplained fever?

Yes No

Have you ever had TB or been in contact with TB?

Yes No

If you answered yes to any of the questions, please give any more available details in the box below.

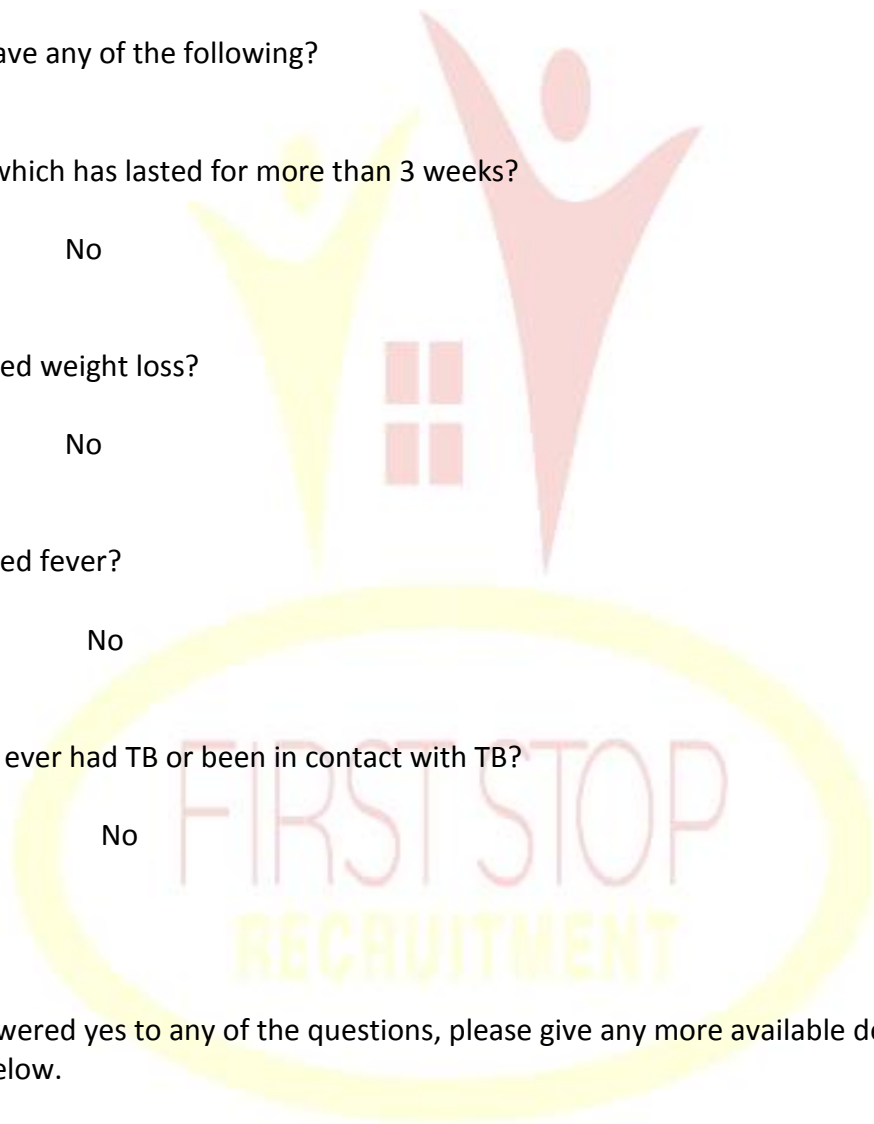
GP's name.....

Surgery name.....

Surgery Address line 1.....

Surgery Address line 2.....

Surgery Town.....





Surgery Postcode.....

Telephone number.....

I confirm that the information I have given is true to the best of my knowledge and that I have not attempted to mislead or give any misinformation. I give permission for First Stop Recruitment Services Limited to communicate with my GP and other health professionals in relation to my medical history should it be necessary.

All information is strictly confidential. We will contact you prior to contacting anyone and gain your consent.

I understand that if any recommendations to my employer are necessary as a result of this health declaration, First Stop Recruitment Services Limited will contact me first to make me aware of the recommendations.

I am aware that First Stop Recruitment Services Limited recommends all healthcare workers to be vaccinated against TB and Hep B

Signed:..... Date: dd / mm / yyyy

we embrace



EQUAL OPPORTUNITIES MONITORING FORM

The company will take measures to ensure that its Equality policy is observed, and will ensure that all those involved in the selection process i.e. the recruitment team are aware imposed by relevant employment legislation.

In order to satisfy these obligations of the obligations, duties and to monitor the effectiveness of this policy, certain personal sensitive data will be collected from all job Applicants.

This information **will not be used** in order to select individuals for employment, but some sensitive personal data (regarding criminal convictions and physical/mental health) may be used in order to verify the safety of proceeding with either an applications or job offer.

The following information is requested in order to allow the company to monitor the effectiveness of its Equality policy. You are requested to complete this form, and sign it.

This will indicate your explicit consent to collection and processing of such data in accordance with the principles of Data protection Act.

Please as appropriate. Thank you for your co-operation

Ethnic Origin			
Black African		Pakistani	
Black Caribbean		Chinese	
Black Other		Irish	
Bangladeshi		White	
Indian		Other(please State	
Disability			
<p>Do you consider yourself to have a disability (i.e a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes what equipment,adaptations or adjustments to working conditions would assist you in carrying out your duties ?</p>			
Gender			
<p>Female <input type="checkbox"/> Male <input type="checkbox"/></p>			
Marital Statuts			
Married		Single	
Widowed		Widower	
Divorcee		Other	
How did yu hear about the vacancy, or about the company?			
Internal Advert		Agency	
External Advert		Job Centre	
Word of Mouth		Other(please specify)	
Print Name			
Print Name		Position Applied For	
Signature		Date	