Hawksyard Priory Nursing Home
Armitage Lane, Armitage, Staffs WS15 1PT.
Tel 01543 490112 Fax 01543 492546
E-mail matron@hawksyardpriory.co.uk

JOB APPLICATION FORM

Please give all requested information so that full evaluation can be made of your application. Details given will be treated as confidential.

Application for post of ……..……..……

Full Name……..…….Maiden Name …….……..…

Address……..…….……

……..……Post code……

Tel……..……...…… D.O.B……

I am Married/Single/Widowed/Divorced/Separated (Delete as appropriate)

Present or most recent job.

Name of Employer …….……..……....

Employed as …….……

Dates of Employment ……...……...

Hours worked and rates of pay ……..……..…

It is now a requirement of all employees to provide a detailed history since leaving full time education. Please include name of employer and job description. Please attach a separate sheet if necessary. This is to include not only all previous employments with approximate dates, but also periods of non employment eg carer, or at home with children

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……...……

Please give the names and addresses of two referees (not relatives) and if recently employed, one must be your last employer.

Name of first referee ……...……..…

Address ……..……..…

……..……..Tel ……

Has been known to me for ….. years

Name of second referee ……..…....

Address ……..…..

……..Tel ……

Has been known to me for ….. years

I have the following qualifications …….

……..…..

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? YES/NO.

Please note that because of the nature of the work for which you are applying, the post is exempt from the provisions of the REHABILITATION OF OFFENDERS ACT 1974 (EXEMPTIONS) ORDER 1975 and you are not entitled to withhold any details of convictions. Any information given will kept in strict confidence.

You will require a Criminal Records Bureau check before commencing employment; the Home will initially meet this cost. However should you leave this employment within 6 months, the Home will be entitled to recover the full cost of this check and will automatically deduct this amount from your final wage payment.

I agree, that Hawksyard Priory Nursing Home is entitled to deduct the full cost of my Criminal Records Bureau check and authorise them so to do in the sum of £…….

Are you related to any member of staff at the Home ?……..……

Do you suffer from any pre existing medical conditions, if so, please give brief details ?……..

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THIS SECTION TO BE COMPLETED BY QUALIFIED NURSES ONLY.

Name and Address of Training School ……..……...…

……..…..

Date of entering and leaving the above ……....

Number and Date of Registration/Pin ……..……....

A COPY OF YOUR G.N.C/N.M.C CERTIFICATE IS REQUIRED BEFORE EMPLOYMENT CAN COMMENCE.

THE FOLLOWING DECLARATION IS TO BE COMPLETED BY ALL.

I declare that to the best of my knowledge and belief that the information given is true, and I understand that employment will be dependant upon these particulars being correct.

SIGNED …… Date……..….