

THE HARVEY PRACTICE
18 Kirkway, Broadstone, BH18 8EE

APPLICATION FOR EMPLOYMENT

This form may not include space for relevant information that you think we should be aware of – if so, please include a separate statement. We are an equal opportunity employer and do not unlawfully discriminate in employment.

Applicant's full name: Mr/Mrs/Miss/Ms

Position applied for:

Home Address:

Contact Telephone Number:

Date of Birth:

Date you would be available to start work:

Do you have any objection to working extra hours, if necessary

YES/NO

Do you have any unspent criminal convictions, or is there any other information we should be aware of in the context of your possible employment here? (*if yes, please explain on a separate sheet*).

Continued on Page 2

EMPLOYMENT HISTORY

Please provide all employment information for the past 3 employers starting with the most recent.

1. Employer's name/address/Tel No:

Position held:

Immediate supervisor and title:

Dates employed: From: To:

Salary:

Reason for leaving:

.....

.....

.....

2. Employer's name/address/Tel No:

Position held:

Immediate Supervisor and title:

Dates employed: From: To:

Salary:

Reason for leaving:

.....

.....

.....

Continued on Page 3

3. Employer's name/address/Tel No:

Position held:

Immediate Supervisor and title:

Dates employed: From: **To:**

Salary:

Reason for leaving:

.....
.....
.....

OTHER SKILLS AND/OR PROFESSIONAL QUALIFICATIONS

State any job-related training, skills, certificates or other qualifications (*if this is an application for nursing employment, please state your relevant pin number*).

.....

EDUCATIONAL HISTORY

Secondary school name:

List GCSE or similar qualifications and year obtained

.....
.....

Further education College/University:

.....

Continued on Page 4

Qualifications obtained and year

.....

.....

.....

Please list some of your leisure activities/hobbies/interests:

.....

.....

REFERENCES

Please give the name of two referees who we may approach for a reference, one of which must be your most recent employer, their contact telephone number and number of years they have known you:

1.	2.
-----------	-----------

If you have a disability please tell us about any adjustments we may need to make to assist you at interview:

.....

.....

.....

Please tell us if there are any dates when you will not be available for interview:

[Empty rectangular box for providing unavailable dates]

Please tell us why you applied for this job and why you think you are the best person for the job.

[Large empty rectangular box for explaining job application and suitability]

I hereby authorize the potential employer to contact, obtain and verify the accuracy of information contained in this application form from all previous employers, educational institutions and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information. I understand that any misrepresentation or material omission made by me on this application form will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed whenever it may be discovered. I have read and fully understand the above conditions and that I seek employment under these conditions.

Applicant's signature: **Date:**