



APPLICATION FOR EMPLOYMENT
CONFIDENTIAL

Name:

Position Applied for:

For official use only

Applicant invited for interview _____

Date _____

Time _____

References _____

Start Date _____

Rate of Pay _____

Additional details _____

Evidence of eligibility to employ under the Immigration and Asylum Act 2006 _____

Please complete your name and the position you are applying for on the front of this form. Please state on a separate sheet how you satisfy the essential and desirable attributes for the job and any additional information you think may be relevant.

PERSONAL DETAILS

Full Name:

Address:

Postcode:

Tel. Number:

EDUCATION

Please give brief details of your education and qualifications

| School/College | *From | *To | Qualifications |
|----------------|-------|-----|----------------|
| | | | |
| | | | |
| | | | |

EMPLOYMENT TO DATE

Starting with your current or last employment, please show details of previous employment since leaving school. Please continue on a separate sheet if necessary.

| *From | *To | Company | Position | Reason for leaving |
|-------|-----|---------|----------|--------------------|
| | | | | |
| | | | | |
| | | | | |

What is your current salary/wage?

What notice do you have to give your current employer?

Please give the name and address of two people, one of which must be your current/last employer. We will only contact your referees if we are going to offer you employment. Please indicate the status of the referee by ticking the appropriate box.

| | |
|--|---|
| <p>Name</p> <p>Email address:</p> <p>Address</p> <p>Employer <input type="checkbox"/></p> | <p>Name</p> <p>Email address:</p> <p>Address</p> <p>Colleague <input type="checkbox"/> Personal (please state) <input type="checkbox"/></p> |
|--|---|

If you consider yourself to be disabled (within the meaning of the Disability Discrimination Act 1995) are there any adjustments you require in order to attend for interview?

This Company complies with the requirements of the Data Protection Act 1998 and any associated Codes of Practise. At this stage of the recruitment process, you need only provide information already requested. If you decide at this stage of the recruitment process that you do not wish to provide the following additional information, your application will not be disadvantaged in any way. However, you will be asked to provide this additional information if you are shortlisted for interview. If you choose not to answer the following questions at this stage, please sign the declaration at the end of the application form.

***HEALTH AND FITNESS**

Please give details of any medical treatment you are receiving at present.

Please give the names of any medication you are taking.

***Have you had any serious illness or operation in the last 10 years? YES/NO**

If yes, please give details and dates

***Have you ever made a claim for Industrial Disease or Injury? Please give details.**

***Do you now, or have you ever suffered from any of the following? If the answer is yes, please tick the box and give dates and details below.**

| | | | |
|---|--------------------------|----------------------------|--------------------------|
| Dermatitis/Eczema | <input type="checkbox"/> | Heart Trouble | <input type="checkbox"/> |
| Skin Cancer | <input type="checkbox"/> | TB | <input type="checkbox"/> |
| Ulcers (e.g. gastric, duodenal) | <input type="checkbox"/> | Sclerosis | <input type="checkbox"/> |
| Deafness/Ear Infections | <input type="checkbox"/> | Rheumatism/Arthritis | <input type="checkbox"/> |
| Recurrent Back Pain | <input type="checkbox"/> | Alcohol dependency | <input type="checkbox"/> |
| Sinusitis | <input type="checkbox"/> | Fibrosis | <input type="checkbox"/> |
| Tenosynovitis | <input type="checkbox"/> | Fits (e.g. epileptic) | <input type="checkbox"/> |
| Chest trouble | <input type="checkbox"/> | Fainting attacks/giddiness | <input type="checkbox"/> |
| Eye Disorders | <input type="checkbox"/> | Migraine | <input type="checkbox"/> |
| Bronchitis/Asthma | <input type="checkbox"/> | Nervous breakdown | <input type="checkbox"/> |
| Hay Fever | <input type="checkbox"/> | Mental disorders | <input type="checkbox"/> |
| Rheumatic Fever | <input type="checkbox"/> | Drug dependency | <input type="checkbox"/> |
| Any allergies, if yes please state what to <input type="checkbox"/> _____ | | | |

***Have you worked in an industry with high noise levels or been exposed to the use of hand held vibratory tools? Please give details and dates**

***OTHER INFORMATION**

Because you are working with vulnerable adults, we are obliged to carry out a Criminal Records Bureau check. Have you ever failed a Criminal Records Bureau check? YES/NO

Have you ever been subject to a disciplinary procedure YES/NO

Have you ever been dismissed from employment? YES/NO

If you are invited for interview, you will be asked to provide evidence that you are eligible to work in this country in compliance with the requirements of the Immigration and Asylum Act 2006.

If you are unsuccessful, your application will remain on file for approximately four months and will then be destroyed.

I hereby certify that all the information I have provided is truthful and accurate. I understand that any false statements may render me liable for dismissal.

Signed

Dated

***You do not need to provide information marked with an asterisk at this stage. If you choose to provide this information it will not be used in a discriminatory manner. However, should you choose not to provide this information on this application, you may be required to provide this information if invited for interview.**

Employee GDPR Consent Authorisation

I understand that if I am unsuccessful in my application for employment, my application form, CV, references and interview notes, and any other information relation to my application will be securely destroyed within 6 months.

I understand that if my application for employment is successful that Holbeach and East Elloe Hospital will collect and securely store my personal data, including name, job role, email address, postal address, education and employment history, photograph, CCTV, next of kin, bank details and more sensitive types of information such as information relating to your health and medical history as well as any disciplinarys that may arise during your employment.

We comply with the law in place in the UK around data protection when we use your personal data, including General Data Protection Regulations (GDPR) and the Data Protection Act. We need your consent for us to keep your personnel file throughout your employment and for 7 years after you leave employment with the Trust. You are also entitled to request to view your employee records. Please speak to the Manager if you wish to view your file.

If you are unsure about why we are processing your personal data, please ask the Manager for more information. You have the right to ask the Trust to stop using your personal data at any time by speaking to the Manager or emailing info@holbeach-hospital.org.uk, or writing to:

Holbeach and East Elloe Hospital Trust
Boston Road North
Holbeach
Spalding
PE12 8AQ

If, at any time, you believe the Trust has not complied with GDPR regulations, you may complain to:

The Information Commissioner's Office (ICO)
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

I have read and understood the information above and consent to Holbeach and East Elloe Hospital Trust using my personal data in the ways set out above.

Signed _____

Dated _____