

**APPLICATION FOR EMPLOYMENT**

**Position Applied for:**

**Salary Expectations:**

**Personal Details**

**Title/Name:**   
*(forename & surname)*

**Address:**

**Full daytime Number:**  **Full evening number:**

**Email Address:**

**Driving Licence held:**   
*(include details of any points)*

**National Insurance No:**

**Employment History:** *(please list last employer first)*

Employer	Date started / finished	Position held /description of duties	Reason for leaving


**Education & Training:**

University, college, school or other place	Course studied & Qualification achieved

**Relevant Skills:**

**Reasons for applying:**

**Hobbies:**

**References:**

*Provide details of two referees; one should be your current or most recent employer, the other can be a personal referee (excluding family members) – please note referees will not be contacted until an offer of employment has been accepted.*

<b>1<sup>st</sup> referee (professional)</b>	<b>2<sup>nd</sup> referee (can be personal or professional)</b>
Name: <input type="text"/>	Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
Tel No.: <input type="text"/>	Tel No.: <input type="text"/>
Email: <input type="text"/>	Email: <input type="text"/>
Relationship to referee: <input type="text"/>	Relationship to referee: <input type="text"/>

**Adjustments to attend interview;** *if you require any particular arrangements when attending an interview please provide details:*

**Criminal Record Declaration;** *Do you have any convictions that are 'unspent'?*

Yes:  No:

**If yes;** *In accordance with the Rehabilitation of Offenders Act 1974 please disclose details of any 'unspent convictions'. Please note if the role you are applying for involves direct contact with our clients (i.e. delivery driver, company nurse or a sales role) then in accordance with the Acts (Exceptions) Order 1975 (as amended in 2003) please disclose details of any 'spent' or 'unspent' convictions, cautions, reprimands or final warnings:*

**If your application is successful would you consent to Fittleworth completing a basic / enhanced DBS check (depending on position applied for)?**

Yes:  No:

**If offered this position will you continue to work with any other employers?**

Yes:  If so, please provide details:

No:

**Are you related to or know anyone employed by Fittleworth Medical?**

Yes:  If so, please provide details  
Including name and your  
No:  relationship to them:

**Permission to work in the UK;** *In accordance with the Immigration, Asylum and Nationality Act 2006 we are required to check your eligibility to live and work in the UK. Please confirm that on request you will be able to provide this evidence:*

Yes:  No:

If you require this form to be re-sent to you so that you can fill it in more easily or for it to be submitted in a different format please contact the HR Department. This will in no way be detrimental to your application.

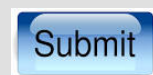
### **Recruitment & Selection Policy**

Fittleworth Medical Ltd is an Equal Opportunities Employer. It is the Company's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, or sexual orientation.

I certify that all the information contained in this application form is true and correct to the best of my knowledge. I realise false information or omissions may lead to dismissal without notice.

Signed:

Date:



Please completed and return this form by email to [recruitment@fittleworth.com](mailto:recruitment@fittleworth.com)