



DEVONSHIRE

DEMENTIA CARE HOME

APPLICATION FOR EMPLOYMENT

Name _____
Address _____
Marital Status _____
Date of Birth _____ Daytime No _____
Mobile Telephone _____ Email Address _____
Position Applied for _____

HEALTH

Do you suffer from back problems?	YES/NO
Have you undergone major surgery?	YES/NO
Are you currently receiving any medical treatment?	YES/NO
If yes to the above please complete a medical questionnaire	

PROFESSIONAL QUALIFICATIONS OR COURSES COMPLETED

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PREVIOUS EMPLOYMENT

Begin with present or last employer and work backwards			
Name of Employer	Position Held	Dates	Rate of pay



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I would describe my ethnic origin as: - (please tick)

AFRICAN	ASIAN	CARIBBEAN
UK EUROPEAN OR IRISH	OTHER EUROPEAN	OTHER COUNTRIES

SIGNED: _____

NAME: (printed) _____

JOB: _____

DATE: _____

REFERENCE

Please list below the names, addresses and telephone numbers of one business and one personal referee that we may contact.

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

THE REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1975 (EXCEPTIONS)
(AMENDMENTS) ORDER 1986

The post for which you have applied is not protected by the provisions of the Rehabilitation of Offenders Act 1974.

Have you at any time been convicted of a criminal offence or made subject to an order under the Mental Health Acts (section 41)?

If No, please write "No"

If Yes, please give details:

Signed:

Date:

Failure to disclose any criminal offences or Mental Health Order could lead to either your application being rejected or if you are appointed, to dismissal, if it is subsequently learnt that you have a criminal conviction or have been the subject of any such orders.