Rivendale Lodge EMI Care Home
14 PRIDEAUX ROAD EASTBOURNE EAST SUSSEX BN21 2NB
TEL: 01323 731 575 FAX: 01323 738 970 EMAIL: rivendalecare@aol.com
WEB-SITE: www.rivendalelodge.co.uk

EMPLOYMENT APPLICATION FORM

POSITION APPLIED FOR: _____

The following information will be treated in the strictest confidence.

PERSONAL

(Please complete this section in BLOCK CAPITALS)

Surname:		First Name(s):	
Present Address:	Date From:		Post code:

If Present Address is less then 5 years. Please list your last 5 years addresses below

Address 1:	Post code:			
	Date From:		Date To:	
Address 2:	Post code:			
	Date From:		Date To:	
Address 3:	Post code:			
	Date From:		Date To:	

Home Telephone No:	Mobile No:	Date of Birth:
National Insurance No:	Place of Birth:	Gender:
No: of Dependents / age:	Nationality:	Marital Status:

Rivendale Lodge EMI Care Home
14 PRIDEAUX ROAD EASTBOURNE EAST SUSSEX BN21 2NB
TEL: 01323 731 575 FAX: 01323 738 970 EMAIL: rivendalecare@aol.com
WEB-SITE: www.rivendalelodge.co.uk

EDUCATION

Schools attended since age 11	From	To	Examinations and Results
College or University	**From**	**To**	**Courses and Results**
Further Formal Training	**From**	**To**	**Diploma/Qualification**

Job related Training Courses Name of Organisation	Date	Subject

Please give details of membership of any technical or professional associations:

Please list any foreign languages spoken and the level of competence:

Rivendale Lodge EMI Care Home
14 PRIDEAUX ROAD EASTBOURNE EAST SUSSEX BN21 2NB
TEL: 01323 731 575 FAX: 01323 738 970 EMAIL: rivendalecare@aol.com
WEB-SITE: www.rivendalelodge.co.uk

Full Driving Licence:	YES/NO	Endorsements:	*YES/NO
* If YES, please give further details including dates.			

Are you involved in any activity which might limit your availability to work or your working hours e.g. local government?	YES/NO
If YES, please give full details.	
Are you subject to any restrictions or covenants which might restrict your working activities?	YES/NO
If YES, please give full details	
Are you willing to work overtime and weekends if required?	YES/NO
Please give details of any hours which you would not wish to work:	
Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?	YES/NO
If YES, please give full details	
You are required, if offered employment, as part of your Application to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination prior to employment?	YES/NO
Have you ever worked for this Company before?	YES/NO
If YES, please give full details	
Have you applied for employment with this Company before?	YES/NO
Do you need a work permit to take up employment in the UK?	YES/NO
How much notice are you required to give to your current employer?	
From what date are you available to commence work?	

Rivendale Lodge EMI Care Home
14 PRIDEAUX ROAD EASTBOURNE EAST SUSSEX BN21 2NB
TEL: 01323 731 575 FAX: 01323 738 970 EMAIL: rivendalecare@aol.com
WEB-SITE: www.rivendalelodge.co.uk

EMPLOYMENT DETAILS

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

PRESENT OR LAST EMPLOYER

Are you currently employed? YES/NO

Name of present or last employer:	

Address:	

Telephone No:	

Nature of business:	

Job title and a brief description of your duties:	

Length of Service:	From:	To:
Salary / Hourly Rate:		

Rivendale Lodge EMI Care Home
14 PRIDEAUX ROAD EASTBOURNE EAST SUSSEX BN21 2NB
TEL: 01323 731 575 FAX: 01323 738 970 EMAIL: rivendalecare@aol.com
WEB-SITE: www.rivendalelodge.co.uk

INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES (e.g. hobbies, sports, club memberships)

SUPPLEMENTARY INFORMATION

Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths.

DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal

I understand these details will be held in confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

Signature:	Date:

REFERENCES

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? YES/NO

Name:	Name:
Position:	Position:
Address:	Address:
Postcode:	Postcode:
Tel. No:	Tel. No:

SOURCE OF APPLICATION

How did you hear of this vacancy?