



Passport Photos
X 2

EMPLOYMENT APPLICATION

Position Applying For:

PERSONAL PARTICULARS				
Last Name/Family Name		First Name/Given Name		Middle Initial
Prefix Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/>		Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>		
Date of Birth (dd/mm/yy)	Country of Birth	Nationality	Identity Card No./Passport No.	
Home Address			Home Tel. No.	
			Mobile Tel. No.	
Correspondence Address (if different from above)			Fax No.	
			Email Address	
Please state your National Insurance Number (NI)				
If you are not from outside the European Economic Area, do you need a work permit for this post?			Yes / No	

HIGHEST EDUCATION ATTAINED			
From-To	School/University	Course/Major	Qualification
PROFESSIONAL QUALIFICATION			
From - To	School/University	Course/Major	Qualification

COURSES CURRENTLY PURSUING

Expected Date of Completion	School/University	Course

EMPLOYMENT HISTORY

List your present or most recent employer first. If you held significantly different positions with the same employer, list them separately. Explain any gaps in employment in comments section below. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Dates Employed		Employer Name		Starting Salary
FROM	TO	Employer Address		Employer Tel. No.
Job Title		Reason for Leaving		
Summarize the nature of the work performed and job responsibilities				

Dates Employed		Employer Name		Starting Salary
FROM	TO	Employer Address		Employer Tel. No.
Job Title		Reason for Leaving		

Summarize the nature of the work performed and job responsibilities

Dates Employed		Employer Name		Starting Salary
FROM	TO			
		Employer Address	Employer Tel. No.	Ending Salary
Job Title			Reason for Leaving	

Summarize the nature of the work performed and job responsibilities

Dates Employed		Employer Name		Starting Salary
FROM	TO	Employer Address		Employer Tel. No.
Job Title			Reason for Leaving	
Summarize the nature of the work performed and job responsibilities				

Dates Employed		Employer Name		Starting Salary
FROM	TO	Employer Address		Employer Tel. No.
Job Title			Reason for Leaving	
Summarize the nature of the work performed and job responsibilities				

Comments (including explanations of any gaps in employment)

PROFICIENCY IN LANGUAGES

Native Languages

Other Languages	Speak			Read			Write		
	High	Moderate	Low	High	Moderate	Low	High	Moderate	Low
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRIVING

Do you hold a current full UK Driving License or equivalent?

Yes / No

Details of any endorsements?

Do you have a car?

Yes / No

Skills

Nursing

Others

REFERENCES

Please give below the names, addresses and contact details (incl. phone and fax numbers) of two persons not related to you whom references may be sought, **at least one whom should be your recent employer.**

Name	Company name & Address	Position	Telephone/Fax No.	Years Known

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OTHER INFORMATION	
Earliest Date Available if Appointed	
<p>Are you subject to any restrictions or covenants from your previous employer which may restrict your working activities? If yes, Please give details <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Are you willing to work overtime and weekends, if required? If yes, Please give details of hours which won't suit you.</p>	
<p>Have you had any criminal convictions (including spent convictions under the rehabilitation of offenders Act 1974)? If yes, Please give details. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>You may be required as part of your Application to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination prior to employment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Have you applied for employment with this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Are you related to any employee working at this company? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

DECLARATION		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any physical impairment or health problem?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted in a court of law in any country? If yes, what were the circumstances?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been dismissed or suspended from the service of any employer?
<input type="checkbox"/>	<input type="checkbox"/>	Are you bound by any bond to serve the government, or any organisation?
<p>If yes to any of the above, please give details here</p>		
<p>Have you ever interviewed with the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>If yes, list job title & location applied for</p>
<p>Have you ever been employed by the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>If yes, list date(s), job title(s) & location(s)</p>
<p>Do you have any relatives employed by</p>		

the Company or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list name, relationship, job title and location
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CERTIFICATION & AUTHORIZATION

I certify that all entries are true and correct. I understand that all information on this application is subject to verification.

I agree and understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading, regardless of time of discovery.

DATE: _____ SIGNATURE OF APPLICANT: _____

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

I hereby acknowledge that I have read and agree to the above statements

DATE: _____ SIGNATURE OF APPLICANT: _____

FOR OFFICIAL USE ONLY				
Date of Commence	Designation	Department	Grade	Starting Pay
Interviewed By	Recruitment Sources:			
Date	Source Name:			

FOR OFFICE USE ONLY:

To the best of my knowledge, based on the information given throughout this pre-employment questionnaire, the applicant, (.....) is both mentally and physically fit for the post applied for.

Manager signature _____

Date _____

NEXT OF KIN DETAILS

We kindly ask you to fill in the below information as soon as possible:

Applicant's Name _____

Next of Kin's Name _____

Relationship _____

Address _____

Telephone _____

Mobile _____

Landline _____

We thank you in advance.

Best Regards,

Management at Simba Care Ltd

