



Employment Application – North East Medical Services

Applicant Information

Position applied for:

Title: Forename(s): Surname:

Address:

Town/City: County: Postcode:

Date of Birth: Home phone: Mobile phone:

Email address:

Are you a citizen of the United Kingdom, YES NO YES NO
 European Community or European Economic Area? If no, are you authorized to work in the UK?

National Insurance Number:

YES NO

Have you ever worked for this company? If yes, when?

YES NO A B C1 D1

Do you hold a full UK Driving Licence? Categories held:

YES NO

Do you have any restriction codes? If yes, please give details:
 (e.g. 101 on D1 category)

YES NO

Do you have any endorsements on your driving licence? If yes, please give dates and codes (e.g. SP30):

Education

School(s) attended	From	To	Examinations/results

Colleges/Universities attended	From	To	Course(s) and Qualification(s) gained

Further Formal/Job Related Training	From	To	Course(s) and Qualification(s) gained

References

Please list at least one professional referee, and either a second professional, or one character referee

Full Name: Relationship:

Company: Phone:

Address:

Email:

Full Name: Relationship:

Company: Phone:

Address:

Email:

Previous Employment

*Please give details of past/present employers, starting with the most recent/present employer.
Please give your full employment history – can be continued on the continuation sheet at the end of the form.*

Name & Address of Employer	From	To	Position held	Reason for leaving

If you have any gaps in your employment history, please explain below:

Professional Registration

Do you hold any professional registrations e.g. NMC, GMC, HCPC?

If so please specify:

Do you hold membership with any other professional body

e.g. College of Paramedics, RCGP, RCSEd?

Criminal Offences

To protect certain vulnerable groups within society, there are a number of posts that are exempt from the provisions of the Rehabilitation of Offenders Act 1974 (as amended). As the post you have applied for falls within this category, it will be exempt from the provisions of the Rehabilitation of Offenders Act by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

Are you currently bound over or have you ever been convicted of any offence by a Court or Court-Martial in the United Kingdom or in any other country?

YES NO

Disclaimer and Signature

I declare that all the information given in this form is complete and accurate to the best of my knowledge. 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 the strictest confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration. The details will be held by the Company for as long as you are employed with us and for 5 years after employment has ceased. All information held is in compliance with the Data Protection Act 1998.

I understand that if my application is successful I will be required to undertake an Enhanced Disclosure and Barring Service (DBS) check.

Signed:

Date:

'North East Medical Services' is a trading name of 'Opelwood Limited', a company registered in England & Wales.

Company number 9520425

Continuation sheet

Please tell us what you can bring to the role for which you have applied?

Office Use Only (To be completed after interview)

Successful?

Interview Date:

Interviewer:

P45/P46 Received:

DBS Number:

Bank

Branch

Account Number:

Sort Code:

Reference One Received:

Reference Two Received:

Emergency Contact Details (To be completed after interview)

Next of Kin:

Relationship:

Contact Number:

Working Time Regulations (To be completed after interview)

Please read the following statement and sign below if you wish to opt out of the Working Time Regulations 1998 (as amended)

I understand that I can refuse to work beyond an average of 48 hours per week (when averaged over a 17 week period) but with this declaration I agree to work more than 48 hours per week from time to time to meet the needs of the service. This is without prejudice to the company's general duty to ensure my health, safety and welfare at work.

I understand that I can withdraw from this agreement by giving 3 months' notice in writing that I am no longer willing to work beyond a 48 hours per week average (measured over a 17 week period). For every week (Monday to Sunday) I am covered by this declaration I will keep an accurate record of the actual hours I work and will provide this information as required by the Manager.

Signed:

Date: