

**APPLICATION FORM
Confidential**

Internal Use Only
Job Ref:

Please supply photo

Surname:	Forenames:
Title: Mr./Mrs./Ms./Miss:	Date of Birth:
Maiden Name:	Place of Birth:
Address: Post Code: Telephone No.:	Current Driving License: Yes No
	Penalty Points:
	Access to Vehicle: Yes No
	Do you require a VISA/Work Permit to work within the UK? Yes No
Position Applied For:	
Source of Application:	

GENERAL INFORMATION

Foreign Languages:	Professional Memberships:
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Do you consider you have a disability?	Yes	No
If yes, are you currently registered?	Yes	No

General Health:

Leisure Interests:

How many miles radius are you willing to travel?

Which type of employment are you interested in? Part time / Full time / Job share / All (Delete as necessary)

CAREER HISTORY

Please start with your present or most recent employer and ensure that you detail your employment for a minimum of the past five years. It is important that you fully explain any breaks in employment in the section provided.

Current/Most Recent Employer's Name:	From:	To:
Address:		
Post Code:		Telephone No:
Position:	Salary Start:	Finish:
Duties & Responsibilities:		
Reason for Leaving:		

Previous Employer's Name, Address & Telephone No.	Position and Brief Details of Duties and Responsibilities	Dates From-To	Salary	Reason for Leaving

CAREER HISTORY (Continued)

Previous Employer's Name, Address & Telephone No.	Position and Brief Details of Duties and Responsibilities	Dates From-To	Salary	Reason for Leaving

Please detail here any breaks in employment:

Describe your most significant achievement(s) in your current/previous job:

Please detail here any other information relevant to your application:

Have you ever been dismissed from employment?
If so, please give full details:

Yes

No

Have you ever been convicted of a criminal offence? (other than one which is regarded as a spent conviction under the Rehabilitation of Offenders Act)
If so, please give full details:

Yes

No

EDUCATION & TRAINING

Dates From-To	Establishment	Examinations/Professional Qualifications/Training	Result/Grade

REFERENCES

Name:		Name:	
Position:		Position:	
Company:		Company:	
Tel. No.:		Tel. No.:	
Fax:		Fax:	

AUTHORISATION FOR SECURITY SCREENING

I certify that all statements I have made on this application, any attachments hereto, or on my CV or other supplementary materials, are true and correct. I hereby authorise Sterling HealthCare to investigate the accuracy of this information from any person or organisation and any additional security/general background checks which the company deems necessary.

Signed

Date

Please return to: Sterling HealthCare Ltd
Human Resources, PO Box 8988, Lanark. ML11 7WD
Tel: 0870 701 9580 Fax: 0870 701 9581 Email: recruitment@sterling-healthcare.co.uk

Please list any items you have enclosed with your application:

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