



## APPLICATION FOR EMPLOYMENT

Application to the Post of:

How did you hear of this post?

### PERSONAL

Surname:	First Name(s):
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Date of Birth:
Address:	
Postcode:	
Contact No.	Mobile No.

Nationality:

Do you require a permit to work in the UK?  No  Yes\*

\*If Yes\* – Provide a copy of evidence for your Permit to Work in the UK.

Do you hold a Full Driving Licence?  Yes  No

### EMPLOYMENT

Are you currently employed?	
No	<input type="checkbox"/> P45 enclosed <input type="checkbox"/> P46 enclosed <input type="checkbox"/> This is my first job
Yes* <i>Provide Details</i>	<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> LTD Company

National Insurance Number:

Company Name / Name of Present Employer:
Address:
Telephone Number:
Nature of Business:
Job title and brief description of duties:

List details of previous employment - latest first. *Excluding present employment*

Name and Address of Employer	Position Held/ Main Duties	From	To

*Continue on additional sheet if required*

**QUALIFACATIONS**

List any Formal Training and/or Job related Training Courses.

Qualification	From	To	Name of Awarding Body

*Continue on additional sheet if required*

Are you registered with the NMC?	<input type="checkbox"/> No <input type="checkbox"/> Yes*
*If Yes <i>Provide Details</i>	Membership PIN Number: <span style="float: right;">*Renewal Date:</span>

**REFEREES**

Provide details of two persons to whom reference can be made. The first should be your present or last employer.

Name:	Name:
Position:	Position:
Address:	Address:
Telephone No.	Telephone No.

Can we approach your current employer before an offer of employment is made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you required to give notice to your present employer?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
*If Yes – How much notice?	

**PERSONAL HEALTH BACKGROUND**

Tick if you are suffering or have suffered any of the following:

- |                     |                          |                            |                          |
|---------------------|--------------------------|----------------------------|--------------------------|
| Diabetes            | <input type="checkbox"/> | High Blood Pressure        | <input type="checkbox"/> |
| Epilepsy            | <input type="checkbox"/> | Back Pain or Injury        | <input type="checkbox"/> |
| Recurrent Headaches | <input type="checkbox"/> | T.B.                       | <input type="checkbox"/> |
| Migraine            | <input type="checkbox"/> | Mental Illness, Depression | <input type="checkbox"/> |
| Any Heart Condition | <input type="checkbox"/> | Skin Conditions            | <input type="checkbox"/> |

List any medication you are currently taking:

List any surgery you have had (including dates):

Are you allergic to anything?

List all absences from work in the past 12 months – stating reason of absence

Are you registered disabled?	<input type="checkbox"/> No <input type="checkbox"/> Yes*
*If Yes – Provide Registration Number:	

**Medical Declaration**

I hereby confirm that to the best of my knowledge I have not been aware of, or have never been advised of any reason by way of mental or physical incapacity that may deem I am not fit to carry out the duties for the position to which this application relates.

Signature:	Date:
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**DECLARATION**

Have you been employed by us previously?	<input type="checkbox"/> No <input type="checkbox"/> Yes*
*If Yes – provide dates.	
Are you involved in any activity that may limit your availability to work?	<input type="checkbox"/> No <input type="checkbox"/> Yes*
*If Yes – provide full details. <i>Continue on additional sheet if required</i>	
You understand and accept you may be required to work overtime from time to time	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have any criminal convictions, cautions, reprimands, final warnings, police enquiries or pending prosecutions against you, including any convictions which are regarded as ‘spent’ under the Rehabilitation of Offenders Act 1974?	<input type="checkbox"/> No <input type="checkbox"/> Yes*
*If Yes, provide full details. (Any such information will be treated confidentially)	

*Continue on additional sheet if required*

I declare that the information provided above is complete and accurate. I understand that any false information or deliberate omissions gives my employer the right to terminate any employment contract at any time. I understand these details will be held in confidence by the company, for the purposes of assessing this application, on-going personnel and payroll administration (where applicable) in compliance with the Data Protection Act 1998. I understand Lancashire Care Services Ltd reserves the right to require me to undergo a medical examination at any time during my employment by a party nominated by Lancashire Care Services Ltd.

Signature:	Date:
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<p><b>PREFERENCE OF DUTIES</b></p> <p><input type="checkbox"/> Day Shift’s    <input type="checkbox"/> Night Shift’s    <input type="checkbox"/> Weekdays    <input type="checkbox"/> Weekends    <input type="checkbox"/> Any Shift</p>
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<p><b>OFFICE USE ONLY:</b></p>          
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Return Completed Applications via:  
 Hand/Post to: Lancashire Care Services Ltd, 132 Colne Road, Burnley, BB10 1DT  
 or Email to: [info@lancashirecareservices.co.uk](mailto:info@lancashirecareservices.co.uk)



Lancashire Care Services Ltd  
132 Colne Road  
Burnley  
BB10 1DT  
info@lancashirecareservices.co.uk  
Tel. 01282 786 055 - 07446 415 581

## EMPLOYEE STARTER FORM

Employee Name:
Post Applied for:

### Emergency Contact (Next of Kin)

Full Name:	
Relationship to Employee:	
Address:	
Postcode:	
Telephone No.	Mobile No.

### Bank Details

Bank Name:													
Branch Address:													
Account Name:													
Account Number:													
Sort Code:													

OFFICE USE ONLY:
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