

MORTON GRANGE

Nursing Home • Residential Home • Day Care • Domiciliary Care
Edexcel Approved Training Centre



Stretton Road, Morton, Alfreton, Derbyshire DE55 6HD
Telephone 01246 866888 Fax 01246 861757

CONFIDENTIAL APPLICATION FOR EMPLOYMENT

Please fill the application form in BLOCK CAPITALS

Care/Nurse applications – Please rank these areas of employment opportunity in order of preference (1-5 where 1 is most preferred)

Care Home Day Care Domiciliary Care Training Agency work

Full Name: _____

Position applied for: _____

Have you applied for employment with this company before? Yes/No

How much notice are you required to give to your current employer? _____

Available to take up employment from (date): _____ Wages/Salary required £ _____

Prepared to work:

Full time: Yes/No Part time: Yes/No Shift work: Yes/No Weekends: Yes/No

Night work: Yes/No

PERSONAL DETAILS

Surname: _____ Forename (s) _____

Address: _____

_____ Post Code: _____

Daytime telephone number: _____ Evening telephone number: _____

Email address: _____

National Insurance number; _____

Are you subject to Immigration Control? Yes/No

Please give details: _____

Current Driving Licence:

Provisional: Yes/No Full: Yes/No Own or have access to a car: Yes/No

Endorsements: Yes/No If yes, please give details _____

If given this position, will you continue to work in any other capacity? (please give details)

Are you subject to restrictions or commitments which might restrict your working activities:

Yes/No If yes, please give details _____

Are you a member of a professional organisation or trade union? (please specify)

HEALTH

How many working days have you been absent from work during the last year? _____ days

What is your average daily consumption of:

Alcohol? _____ Tobacco? _____

Has it ever exceeded this level? _____

Have you suffered, or do you currently suffer, from any serious illness which may affect work? If so, please give details

Are you willing to complete a Medical Questionnaire if offered employment: Yes/No

If you have a disability, which needs to be taken into account when considering your application, please give details _____

EDUCATION

Type of exam (GCSE, A level, etc)	Date Taken	Subject	Grade

FURTHER EDUCATION

Type of training (NVQ, etc)	Date Taken	Place of Education	Qualifications

OTHER INFORMATION (e.g. training courses, work experience, etc.)

EMPLOYMENT HISTORY

Please provide details of your full employment history starting with the most recent

Name & Address of employer	From	To	Position Held & duties/responsibilities	Starting salary	Finishing salary	Reason for leaving

Use additional paper if required

PERIODS OF UNEMPLOYMENT

From and To	Explanation

