

MARY FEILDING GUILD

APPLICATION FOR EMPLOYMENT FORM

Post applied for:
Closing date for applications:
How did you hear about the job?:
Completed forms should be returned to: Miss Mary McGloin, Mary Feilding Guild 103/107 North Hill, Highgate, London N6 4DP Important Notice, please read: This home is committed to providing equality of opportunity in all applicants. We welcome all applications from people who feel they are able to carry out the required duties regardless of previous experience. The Guild will apply for a disclosure, detailing all criminal convictions against your name, from The Criminal Records Bureau, should your application be successful. Disclosure information will not be used for any other purpose than in connection with this application and a criminal record will not necessarily be a bar to employment. No offer of employment will be withdrawn without discussion with the applicant.

About You

Surname:	First Names:
Home address:	
Postcode:	
Home Tel:	Work Tel:
Mob:	Can we ring you at work? YES / NO

Education

Tell us about your education and the schools that you attended from the age of 13

Name of School or College	Dates from and to	Exams passed, results or qualifications including grades

Mary Feilding Guild, 103/107 North Hill, London N6 4DP

Registered Charity No: 205563 www.maryfeildingguild.co.uk

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Employment History (continue on a separate sheet if necessary)

Employer	Job title and duties	Start date	End date

Supporting Statement

Please use this space to tell us more about yourself and to add information that you feel is important in your application to demonstrate your suitability for the post:

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References

Please provide us with the names of two people who can provide us with a reference as to your suitability for this post. The first one should be your present (or most recent) employer. You should tell us if this is not the case. Neither of the references will be contacted prior to an offer of employment being made.

Name: _____	Name: _____
Position: _____	Position: _____
Organisation: _____	Organisation: _____
Address: _____ _____	Address: _____ _____
Postcode: _____	Postcode: _____
Tel. no. work: _____	Tel. no. work: _____
Tel. no. other: _____	Tel. no. other: _____
Is this your current employer? YES / NO	Is this your current employer? YES / NO
Are they related to you? YES / NO	Are they related to you? YES / NO

Health

Regulation 19, Care Homes Regulations 2001 requires that all employees who work in care homes are both physically and mentally fit to undertake their duties. Please answer the following questions:

1. How many days were you absent from work due to sickness in the last two years?	No of days: No of episodes of sickness:
2. Is there anything about your health we should be aware of? If yes please give brief details	YES / NO

I certify that the information given in this application is true and accurate to the best of my knowledge. I also understand that if I am appointed and information is subsequently found to be false, I am liable to dismissal.

Signed:

Date:

**** IMPORTANT ****

Data Protection Information

The information which you have supplied on this form will be processed and may be held on computer, and will be held on your personal records file if you are appointed. The information will also be used for equality monitoring and statistical purposes. By signing this application, you will be deemed to have given your consent to this, including information which may be considered to be sensitive and personal.