

**EMPLOYMENT APPLICATION FORM**

Please complete this page in BLOCK CAPITALS (the application may be typed or handwritten). You are required to complete all sections. **Missing or incomplete information may render the application invalid.**

**1 Post Details**  
Post applied for .....

**2 Personal Details**  
Surname ..... Forename ..... Title .....  
Address .....  
..... Post code .....  
Telephone (Home) ..... Telephone (mobile) .....  
Email address .....

**We will generally communicate with you by email and so we recommend that you check your emails frequently.**

National Insurance No .....

We require the information as under the Asylum and Immigration Act 1996, employers must check that potential employees are entitled to live or work in the United Kingdom.

**Are you entitled to or have permission to work in the United Kingdom?\*** YES [ ] NO [ ]

**\* we will require evidence of this**

**3 References**  
Please give the name, title and address of two referees. **This should include your current or last employer.** Students should give the name of their Head Teacher, Tutor or Lecturer as appropriate.

1 Name .....	2 Name .....
Position .....	Position .....
Company .....	Company .....
Address .....	Address .....
.....	.....
Post code .....	Post code .....
Tel No .....	Tel No .....
Relationship to you .....	Relationship to you .....

References will be sent for once the shortlist has been finalised so that they will be available when the interviews are completed. Dr Murphy & Partners reserves the right to approach your current/last employer. You may also wish to inform your referees that we may also contact them by telephone for a verbal reference.

**4 Education and Qualifications (proof of qualifications will be required at interview)**

## Secondary Education

Name of School/College	Date		Qualifications gained	Grades
	From	To		

## Further Education (include refresher courses if applicable)

Name of College/University	Date		Qualifications gained	Grades
	From	To		

## Professional Qualifications (Medical/Nursing/Other training school/body)

Name of Professional Body	How gained (e.g. part/full time)	Membership Grade with registration number and PIN no	Year

## Other Formal Training Attended (e.g. management or post graduate)

Name of College	Subject	Level	Year

## Other Skills

Languages (spoken/written)

How would you describe your level of computer literacy? Do you hold any qualifications in computer literacy?

**5 Employment History**

Present or most recent employment

Name and address of employer and nature of business	Position held and grade (if applicable)	Date		Salary and benefits
		From	To	

Key responsibilities

Notice period required

Reason for wishing to leave

Other employment (starting with most recent). Please continue on a separate sheet if more space is required.

Name and address of employer and nature of business	Position held and grade if applicable	Date		Reason for leaving
		From	To	

Have you ever been dismissed or asked to resign? YES [ ] NO [ ]

If YES, give brief details .....

.....

**6 Reason for applying for this post**

Please give your reasons for applying for this post, highlighting any particular skills/experience which you feel are particularly relevant. You can also use this space to give any further details in support of your application. Use additional sheets if necessary.

**7 Health**

How many times have you been sick and what is the total number of days of sickness absence have you had in the last two years?

Number of times/episodes [ ] Number of sick days [ ] Are you in good health YES [ ] NO [ ]

Please give below details of any health/disability problems which may be relevant to the position specified above or any reasonable adjustments which you feel could be made to the job itself which would enable you to carry out the post.

.....  
.....

Do you consider yourself to have a physical or mental impairment which has a substantial long term adverse effect on your ability to carry out normal day to day activities? [ ] YES [ ] NO

**8 Rehabilitation of Offenders Act**

Due to the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act (Exceptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions for which other purposes are 'Spent' under the provisions of the Act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by Dr Murphy & Partners. Any information given will be completely confidential and will be considered only in relation to posts to which the order applies.

The post you are applying for may require a disclosure check to be made.

Do you have any convictions to disclose? YES [ ] NO [ ] If YES, please give details

.....  
.....

**9 Leave arrangements**

Please give details of any forthcoming leave you have already arranged. This should include holidays which you have already booked, hospital appointments etc (Please ensure you include everything\*). This is for our information only as it is our intention to honour arrangements where your resources have been committed prior to appointment. We do not use this information as part of the selection process. You will be expected to provide evidence of booking/expenditure prior to applying for this position.

.....  
.....

\*Requests for leave after appointment will be subject to the prior approval of the Practice Manager.

**10 Declaration**

I declare to the best of my knowledge and belief, all information I have given are complete and true. I understand that any false declaration or misleading statement or any significant omission may disqualify me from employment and render me liable to dismissal. I understand that any job offer is subject to satisfactory references, a satisfactory health assessment and, if required for the post I am applying, a satisfactory CRB (Criminal records bureau) clearance.

Signed ..... Date .....