

CONFIDENTIAL APPLICATION FOR EMPLOYMENT



You must ensure that you complete all sections of this application form and not leave out any gaps. If you feel that you have further information relevant to your application, which you would like us to know, please use a separate sheet of paper.

01. Application form

Date:

Position Applied for:

How did you hear about this position?

02. Personal Details

Mr

Mrs

Ms

Others

Specify:

First Name (s):

Surname:

Address:

Post Code:

Telephone Number:

Mobile Number:

Email Address:

Date of Birth:

Passport No:

National Insurance Number:

Do you own a car

Yes

No

Do you have a current driving license?

Yes

No

If yes, what type of driving license?

Provisional

Full

On which date could you start working for AIHA?

Type of employment desired:

Full time

Seasonal

Part time

Bank

Temporary

Are you required to hold a Work Permit?

Yes

No

If yes, do you hold one?

Yes

No

03. Education

Schools attended

Qualifications attained:

Since (year)

Until (year)

Universities attended

Qualifications attained:

Since (year)

Until (year)

04. Training

Courses attended

Qualification or class of degree:

Please give details of membership to any technical or professional bodies.

05. Employment history

A full work history is required explaining any gaps in employment

A. Beginning with your most recent employment please provide details of your previous employment history

Name of employer (1):

Start of employment:

Address:

Last day of employment:

Telephone:

Pay:

£

Job title:

Reason for leaving

Duties:

B. Beginning with your most recent employment please provide details of your previous employment history

Name of employer (2):

Start of employment:

Address:

Last day of employment:

Telephone:

Pay:

£

Job title:

Reason for leaving:

Duties:

C. Beginning with your most recent employment please provide details of your previous employment history

Name of employer (3):

Start of employment:

Address:

Last day of employment:

Telephone:

Pay:

£

Job title:

Reason for leaving:

Duties:

PAST EMPLOYMENT

Please include information, for at least the previous 10 years of employment

GAPS OF EMPLOYMENT

Please provide explanations for any gaps during the past 10 years

06. General

If you are currently employed, how much notice do you need to give to your employer in order to terminate your employment?

Tell us a little more about yourself. What are your hobbies and interests?

Suitability - why have you applied for this job and why do you feel you would be the preferred candidate?

07. Next of kin

Emergency contact name (1):

Relationship to you:

Contact number:

Emergency contact name (2):

Relationship to you:

Contact number:

08. References

Please provide two references, preferably from your immediate two positions. If you do not have two previous employers, then you may provide personal reference, but they must not be from family or close friends. The need to confirm reference details can delay the employment process.

Reference 1:

Name:

Company name:

Job title:

Complete Address:

Contact number/s:

House number/s:

Email address:

Reference 2:

Name:

Company name:

Job title:

Complete Address:

Contact number/s:

House number/s:

Email address:

09. Criminal Record

This position is exempt from the Rehabilitation of Offenders Act 1974. Please provide details of any convictions, except any which are 'spent'.

I confirm that the information I have supplied above is true, accurate, and factual. I also declare that any CV submitted with this application is also true, accurate and factual representation.

I understand that any lies or misrepresentation of information will lead to offer withdrawal or termination of employment.

I am aware the details provided will be held in confidence by AIHA. AIHA will use the data to aid in the selection process in compliance with current data protection legislation.

Signed:

Date:

NB: The position is subject to the receipt of a satisfactory DBS Certificate. If an offer of employment is made and you are unable to provide us with a satisfactory certificate, after due consideration we may either withdraw our offer or terminate your employment.

HEALTH DECLARATION:

Full Name of GP/Doctor:

Clinic Address:

Clinic Telephone Number:

Work Related Health History:

01. How many days have you been absent from work or full-time study due to sickness in the past 2 years?

02. Have you ever left or been denied a job for health reasons?

Yes

No

03. Have you ever had a work-related illness?

Yes

No

Please Specify:

04. Do you suffer from any health problems which you consider may prevent you from undertaking night work?

Yes

No

05. Do you have any difficulties understanding writing or speech?

Yes

No

Health History:

01. Are you in good health?

Yes

No

02. Are you on any treatments? (Tablets, injection, antibiotic)

Yes

No

State Reason:

03. Have you suffered from, or are you being treated for any of the following?

A. Asthma, Bronchitis or other Chest Disease

Yes No

B. Heart Disease including Rheumatic Fever

Yes No

C. Kidney, Bladder or Prostate Disease

Yes No

D. Epilepsy

Yes No

E. Fits, Blackouts or Fainting

Yes No

F. Hernia or Rupture

Yes No

G. Raised Blood Pressure or Cholesterol

Yes No

H. Eczema, Dermatitis, or other skins problems

Yes No

I. Diabetes

Yes No

J. Migraine or Headaches

Yes No

K. Indigestion

Yes No

L. Gastric or Duodenal Ulcer

Yes No

M. Serious Bowel Trouble

Yes No

04. Is there anything that leads you to think that you might have come into contact with HIV, or Hepatitis B or C?

05. Have you received the COVID vaccine?

Yes No

If no, are you willing to receive the COVID vaccine?

Yes No

06. Do you have any allergies? Please state:

07. Have you had treatment for any of the following?

A. Depression

Yes No

B. Emotional Problems

Yes No

C. Any kind of Mental Illness or Nervous Breakdown

Yes No

D. Drug Addiction

Yes No

E. Alcoholism or Excessive consumption of Alcohol

Yes No

F. Any other illness (Please Specify)

Yes No Specify:

08. Have you ever had a slipped disc, sciatic pain or neck/back problems?

Yes No

09. Do you have problems with your Vision?

Yes

No

10. Do you have problems with your Hearing?

Yes

No

11. Do you take alcoholic drinks?

Yes

No

How often?:

12. Do you currently smoke?

Yes

No

If yes, how often?

If no, have you smoked in the last 10 years?

13. Additional Information:

If you have a disability, please tell us about any adjustments we may need to make to assist you in the recruitment process