

LINDEN MEDICAL GROUP

Employment Application



Applicant Information

Full name

Position(s) applied for:

Address

Postcode:

Contact telephone:

E-mail Address:

Notice period required:

(if applicable)

Do you have any unspent criminal convictions, or is there any other information we should be aware of in the context of your possible employment here?

YES

NO

If yes, please give further details:

Have you had a recent DBS check ?

No

Yes

If yes, Date:

NMC number (if applicable)

Date of renewal:

Further Education

College/University:

Qualification

Year

Educational History

Please list GCSE or similar qualifications and year obtained

Qualification

Year

Employment History

Please provide all employment information for the past three employers starting with the most recent.

Employer 1:		Position held:	
Address:		Telephone:	
Dates employed: from		to	Salary:
Job summary:			
Reason for leaving:			
Employer 2:		Position held:	
Address:		Telephone:	
Dates employed: from		to	Salary:
Job summary:			
Reason for leaving:			
Employer 3:		Position held:	
Address:		Telephone:	
Dates employed: from		to	Salary:
Job summary:			
Reason for leaving:			

Please list some of your leisure activities/hobbies/interests

References

Provide the details of two references, one of which should be your current employer (please specify if you do not wish us to contact your current employer prior to an offer of employment)

Contact name		Telephone	
Address			
Other details			

Contact name		Telephone	
Address			
Other details			

Disclaimer and Signature

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organisations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I have read and fully understand the above conditions and that I seek employment under these conditions.

Applicant Signature:

Date: