

Innomary Limited t/a St. Mary's House

54 Earsham Street Bungay NR35 1AQ
Tel: 01986 892444



JOB APPLICATION FORM FOR POSITION OF:

SURNAME: FORENAME(S):

DATE OF BIRTH:/...../.....

NATIONAL INSURANCE NUMBER:

ADDRESS:

.....

..... POSTCODE:

TELEPHONE: Mobile No.

NAME, ADDRESS, TELEPHONE NUMBER and RELATIONSHIP of NEXT OF KIN

SURNAME: FORENAME(S):

ADDRESS:

.....

..... POSTCODE:

TELEPHONE: RELATIONSHIP:

PLEASE GIVE DETAILS OF:

a) EDUCATIONAL QUALIFICATIONS YOU HAVE ACHIEVED:

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.....
.....

b) APPRENTISHIPS OR TRAINEESHIPS YOU HAVE COMPLETED:

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.....
.....

c) COURSES YOU HAVE ATTENDED THAT ARE RELEVANT TO THIS APPLICATION:

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.....
.....

d) ANY OTHER SKILLS THAT MAY BE RELEVANT TO THIS TYPE OF WORK:

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.....

EMPLOYMENT HISTORY (attach CV if necessary)

NAME OF EMPLOYER DATES:

FROM	TO	BRIEF JOB DESCRIPTION
...../...../...../...../.....
...../...../...../...../.....
...../...../...../...../.....
...../...../...../...../.....
...../...../...../...../.....

IF YOU ARE AT SCHOOL:

- a) NAME OF SCHOOL:
- b) EXPECTED EXAM RESULTS:

GIVE DETAILS AND DATES OF ANY ILLNESSES, INJURIES OR OPERATIONS:.....

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.....

PLEASE LIST ANY INTERESTS OR HOBBIES THAT YOU HAVE:

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.....

HOW WOULD YOU TRAVEL TO THIS JOB?

WHAT TYPE OF POST ARE YOU APPLYING FOR? (Please circle) PART-TIME / FULL-TIME DAYS
NIGHTS IS THERE ANY PARTICULAR DAY/NIGHT, OR PART OF DAY/NIGHT THAT YOU ARE NOT
AVAILABLE FOR WORK? (Please state reason)

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.....
.....

ARE YOU PREPARED TO WORK ON A SATURDAY AND/OR SUNDAY AND BANK HOLIDAYS?

.....

STATE THE NUMBERS OF HOURS PER WEEK THAT YOU ARE LOOKING FOR:

STATE ALSO THE MINIMUM TAKE-HOME PAY THAT YOU REQUIRE:

PLEASE GIVE NAMES AND ADDRESSES OF TWO REFEREES:

NAME

ADDRESS

.....

.....

NAME

ADDRESS

.....

.....

PLEASE NOTE, THAT THE NATURE OF THE WORK FOR WHICH YOU ARE BEING CONSIDERED MAKES THE POST EXEMPT FROM THE PROVISIONS OF SECTION 4(2) OF THE REHABILITATION OF OFFENDERS ACT 1975. YOU ARE THEREFORE OBLIGED TO DISCLOSE DETAILS OF ANY CONVICTIONS WHICH FOR OTHER PURPOSES WOULD BE "SPENT" UNDER THE PROVISIONS OF THE ACT. ANY INFORMATION GIVEN WILL BE COMPLETELY CONFIDENTIAL AND WILL BE CONSIDERED ONLY IN RELATION TO THIS APPLICATION.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?

HAVE YOU BEEN CHARGED WITH A CRIMINAL OFFENCE?

HAVE YOU EVER RECEIVED A POLICE REPRIMAND, CAUTION or WARNING?

IF SO, GIVE DETAILS:

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ST.MARY'S HOUSE IS AN EQUAL OPPORTUNITIES EMPLOYER. WE SEEK TO COMPLY WITH THE SPIRIT OF ALL ANTI-DISCRIMINATORY LEGISLATION. WOULD YOU BE ABLE TO ADHERE TO ALL THE LEGISLATION SUPPORTING EQUAL OPPORTUNITIES?

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SIGNATURE:DATE:/...../.....

IF UNDER EIGHTEEN (18) YEARS OF AGE PARENT/GAURDIAN SIGNATURE AGREEING TO THIS APPLICATION.

SIGNATURE: DATE:/...../.....

RELATIONSHIP:

PLEASE INCLUDE ANY OTHER INFORMATION WHICH YOU FEEL MAY BE HELPFUL TO YOUR APPLICATION:

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THANK YOU FOR COMPLETING THIS FORM. IF YOU HAVE ANY QUERIES PLEASE DO NOT HESITATE TO TELEPHONE.