

APPLICATION FOR EMPLOYMENT

FLIGHTCARE IS AN EQUAL OPPORTUNITIES EMPLOYER. THIS MEANS THAT ALL APPLICATIONS WILL RECEIVE EQUAL TREATMENT IRRESPECTIVE OF THEIR SEX, MARITAL STATUS, RACE OR AGE.

POSITION APPLIED FOR:	LOCATION
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PERSONAL DETAILS

SURNAME		FORENAMES	
ADDRESS		ADDRESS FOR CORRESPONDENCE IF DIFFERENT	
POST CODE			
TEL No.			
MARITAL STATUS:		NATIONAL INSURANCE No.	NATIONALITY:
NUMBER OF CHILDREN AND AGES		NEXT OF KIN	
ARE YOU RELATED TO AN EMPLOYEE Yes/No. (if yes give details)		NAME	
DO YOU OWN A CAR Yes/No.		ADDRESS	
DO YOU HOLD A CURRENT DRIVING LICENCE Yes/No. Full/Provisional .		POST CODE	
GIVE DETAILS OF ANY ENDORSEMENTS		TEL No.	
DO YOU REQUIRE A WORK PERMIT TO WORK IN THIS COUNTRY			Yes/No .
FOR QUALIFIED NURSES	U.K.C.C. PIN No.	EXP DATE	

HEALTH

NAME AND ADDRESS OF G.P.	HAVE YOU VISITED A DOCTOR WITHIN THE LAST THREE YEARS (other than colds, flue & routine checkups) Yes/No . IF YES GIVE REASONS.
	ARE YOU REGISTERED DISABLED Yes/No .
ARE YOU RECEIVING ANY TREATMENT OR MEDICATION AT PRESENT Yes/No . IF YES GIVE DETAILS	HAVE YOU BEEN ADMITTED TO HOSPITAL WITHIN THE LAST THREE YEARS Yes/No . IF YES GIVE DETAILS
HAVE YOU EVER SUFFERED FROM DEPRESSION ANXIETY OR NERVOUS DISORDER Yes/No .	
HAVE YOU EVER SUFFERED FROM BACK STRAIN Yes/No .	
ARE THERE ANY OTHER DISABILITIES OR COMPLAINTS WHICH MAY AFFECT YOU EMPLOYMENT IF YES GIVE DETAILS Yes/No .	

QUALIFICATIONS

SECONDARY EDUCATION (NAME OF SCHOOL)	FROM - TO	EXAMINATIONS PASSED	GRADES
FURTHER EDUCATION (UNIVERSITY/COLLEGE)	FROM - TO	COURSE DETAILS & RESULTS	PROFESSIONAL QUALIFICATIONS

MEMBERSHIP OF PROFESSIONAL BODIES

HOBBIES & INTERESTS

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<b>EMPLOYMENT HISTORY</b>	A.P.1A
<b>PRESENT OR MOST RECENT EMPLOYER FIRST (INCLUDING HM FORCES)</b>	

NAME, ADDRESS & TELEPHONE (NATURE OF BUSINESS)	POSITION & MAIN RESPONSIBILITIES	FROM TO	LEAVING SALARY	REASON FOR LEAVING

**REFERENCES**  
PLEASE GIVE THE NAMES, ADDRESSES, POSITIONS AND TELEPHONE NUMBERS OF TWO REFEREES, ONE OF WHICH SHOULD BE YOUR LAST OR PRESENT EMPLOYER.

1.	2.
TEL No.	TEL No.

IF SELECTED FOR AN INTERVIEW, DO WE HAVE PERMISSION TO CONTACT THE ABOVE PERSONS TO OBTAIN REFERENCES ? Yes/No .

DATE WHEN AVAILABLE	PREPARED TO WORK Full Time/Part Time/Shifts/Nights	IF OFFERED THE POSITION DO YOU INTEND TO UNDERTAKE PAID EMPLOYMENT ANYWHERE ELSE ?
		Yes/No .

BECAUSE OF 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 1974 (EXCEPTIONS) ORDER 1975. APPLICATIONS ARE , THEREFORE, NOT ENTITLED TO WITH-HOLD INFORMATION ABOUT CONVICTIONS WHICH FOR 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 THE MANAGEMENT. ANY INFORMATION GIVEN WILL BE COMPLETELY CONFIDENTIAL AND WILL BE CONSIDERED ONLY IN RELATION TO AN APPLICATION FOR THE POSITIONS TO WHICH THE ORDER APPLIES.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCES BY A COURT OF LAW Yes/No .  
(with the exception of minor motoring offences or offences committed as a juvenile under the age of 16)  
IF YES, PLEASE GIVE DETAILS, INCLUDING THE OFFENCE AND THE DATE.

DECLARATION:  
I CONFIRM THAT ALL THE INFORMATION GIVEN IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNED ..... DATE .....

<b>FOR OFFICE USE ONLY</b>	
DATE OF INTERVIEW	NAME OF INTERVIEWER
RESULT OF INTERVIEW	
RESULT OF REFEREE CHECK	
DATE CANDIDATE ADVISED OF OUTCOME OF INTERVIEW	
DATE OF COMMENCEMENT	APPLICATION TO BE KEPT ON RECORD FOR FUTURE VACANCIES
Yes/No .	