

**Application for Employment**

**Heathville Medical Practice  
5 Heathville Road  
Gloucester  
GL1 3DP**

**Branch Surgery at  
38 Warwick Avenue  
Tuffley  
GLOUCESTER  
GL4 0SL**

**Tel: 01452 528299 – Office Manager (Mrs Clare Barnfield)  
Email: [Clare.barnfield@gp-l84026.nhs.uk](mailto:Clare.barnfield@gp-l84026.nhs.uk)**

***This form may not include sufficient space for relevant information that you think we should be aware of – if necessary please include a separate statement***

**We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by law.**

**Applicant Full name:** \_\_\_\_\_

**Position (s) applied for:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Postcode** \_\_\_\_\_

**Contact telephone: Home** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date you would be available to start work:** \_\_\_\_\_

**Do you have any objection to working overtime if necessary?** Yes/No

**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 explain in a separate note**

***This post is (all clinical posts)/is not (all admin posts) exempt from the provisions of the Rehabilitation of Offenders Act 1974. You are not entitled to withhold any information requested by us about any previous convictions you may have, even if in other circumstances they would be regarded as 'spent' under the act.***

**EMPLOYMENT HISTORY**

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

**Employer:** \_\_\_\_\_ **Position held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Immediate supervisor and title:** \_\_\_\_\_

**Dates Employed: from** \_\_\_\_\_ **to** \_\_\_\_\_ **Salary** \_\_\_\_\_

**Job Summary:** \_\_\_\_\_

**Reasons for leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Immediate supervisor and title:** \_\_\_\_\_

**Dates Employed: from** \_\_\_\_\_ **to** \_\_\_\_\_ **Salary** \_\_\_\_\_

**Job Summary:** \_\_\_\_\_

**Reasons for leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Immediate supervisor and title:** \_\_\_\_\_

**Dates Employed: from** \_\_\_\_\_ **to** \_\_\_\_\_ **Salary** \_\_\_\_\_

**Job Summary:** \_\_\_\_\_

**Reasons for leaving:** \_\_\_\_\_

**Other skills and/or profession qualifications**

State any job-related training, skills, certificates or other qualifications:

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**(if this is an application for nursing employment, please state your relevant pin number)**

**Education History**

Secondary School Name: \_\_\_\_\_

List GCSE or similar qualifications and year obtained

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**Further Education**

College/University: \_\_\_\_\_

Qualifications obtained and year: \_\_\_\_\_

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**Please list some of your leisure activities/hobbies/interests**

**References**

List two references: names, contact telephone numbers, years known and capacity in which known:

1. \_\_\_\_\_
2. \_\_\_\_\_

**I hereby authorise 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: \_\_\_\_\_**