

**CLEEVE HILL HEALTHCARE LIMITED / CLEEVELINK LTD**  
An Equal Opportunities Employer

Return this form to:

Cleeve Hill Healthcare Limited  
Cleeve Hill  
Cheltenham GL52 3PW

Confidential

**EMPLOYEE APPLICATION FORM**

Please complete legibly in your own handwriting in black ink

Position applied for:
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**Personal**

Surname:	Forename(s):	How do you wish to be addressed: Mr/Mrs/Miss/Ms Are you: Single/Married/Divorced /Widowed/Separated/Other
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Date of Birth:	National Insurance No:	Do you need a work permit to work in the UK. Yes/No
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Address (in the UK):		
Postcode:	Daytime Telephone No:	Evening Telephone No:

Surname if different from above:	Used From :            /	Used Until :            /
	Month / Year	Month / Year

Born in the UK    Yes / No	If no, please state which Country
Place of Birth	
Town / City	
County / District	

Previous Addresses – please provide your most recent addresses where you have lived in the last 5 years. Use continuation sheet if necessary.

Address		
Town / City		
County		
Postcode		
Period at previous address	Date From :            /	Date Until :            /
	Month / Year	Month / Year

Cont/d ....





References:

Please note here the names, addresses and telephone numbers of two persons from whom we may obtain both character and work experience references. References from your current employer will not be sought without your authority

1.	2.
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Transport:

Do you hold a valid driving licence:	Yes/No
Do you have a regular use of a vehicle:	Yes/No

Leisure:

Please note here your leisure interests, sports, hobbies and other pastimes, etc. including positions of responsibility held.

Language Skills:

Which languages other than English do you speak and/or write (tick if fluent)

Speak : \_\_\_\_\_

Write : \_\_\_\_\_

Speak : \_\_\_\_\_

Write : \_\_\_\_\_

Attendance and Reliability

Please give details of your lateness and absence records over the last 12 months

General Comments

Please detail here your specific reasons for this application, your main achievements to date, the strengths you would bring to this post and any other information relevant to your application.

Declaration Subject to the Rehabilitation of Offenders Order 1975

All positions within the Company are exempt from the Provisions of Section 4(a) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Exemption Order 1975. Applicants therefore are not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act. In the event of employment any failure to disclose such convictions could result in disciplinary action, including dismissal. All information given will be treated as confidential.

Have you ever been convicted of any criminal offence? Yes/No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

Declaration:

Please read this carefully before signing this application

I confirm that the above information is complete and correct and that any untrue or misleading information will give the employer the right to reject my application, to withdraw any employment contract offered or, if employed, dismiss without notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_