

APPLICATION FOR EMPLOYMENT

EMPLOYEE HR 3b



SECTION A:- PERSONAL DETAILS

POSITION APPLIED FOR: *PROCESS WORKER / OTHER* - _____

SURNAME: _____ GIVEN NAME: _____

HOME ADDRESS: _____

Postcode: _____

CONTACT NUMBERS: Private: _____ Mobile: _____

ARE YOU: Female Male Circle preferred form of address: Mr / Mrs / Ms / Miss

CONTACT PERSON IN CASE OF EMERGENCY:

Name: _____

Relationship: _____

Address: _____

Telephone Numbers: (w) _____ (h) _____

BACKGROUND INFORMATION:

Diagnosis: _____

Disability: _____

Relevant Medical History: _____

Country of Origin: _____

Interpreter needed Yes No Language: _____

Medication: Yes No

Signed: _____ Date: _____

Privacy & Personal Information Protection Act 1998/Health Records & Information Act 2000

This form will require you to provide information that is personal information for the purposes of the Privacy and Personal Information Act 1998 & the Health Records & Information Act 2000. The supply of this information is voluntary. If you cannot provide, or do not wish to provide the information sought, then New Horizons may be unable to process your request. New Horizons is required under the Act to inform you about how your personal information is being collected, stored and used. If you require further information please contact the Privacy Officer on Tel: 02 98874111 and an information sheet can be sent to you.

SECTION B:- EDUCATION / TRAINING

1. (Brief details of highest attainment, (eg Year 8,9,10)

2. OTHER COURSES / TRAINING:

From	To	Course Undertaken	Qualification Awarded

OTHER SKILLS/ ASSETS:

(Eg: Numeracy / Literacy/ Machine Operation)

SECTION C:- EMPLOYMENT HISTORY

From	To	Name of Employer	Position Held - Duties / responsibilities

SECTION D:- CASE MANAGER DETAILS

1. Name _____ Title: _____

Organisation: _____

Address: _____

Telephone Number: _____ Mobile: _____

SECTION E:- OTHER INFORMATION

▪ Are you aware of any circumstances with your health that may interfere with the satisfactory discharge of the duties of the position you are applying for?

- Special support needs: _____
- Main Source of income/pension type: _____

PLEASE NOTE:

- It is assumed that all applicants are independent in their own personal care.
- Any statement on this form that is found to be deliberately misleading will make you, if employed, liable for dismissal.