

Application form

Paramount Options Ltd
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London
NW10 7PN
United Kingdom
Tel: 02088385929 Fax: 02088383427

The recruitment process within this organisation has a minimum of three stages.

The completion of this application form is part of stage one. This application will be reviewed and a decision made as to whether to proceed to stage two, the interview, based on this information. PLEASE COMPLETE FULLY AND IN CAPITALS.

Position applied for:	
Approx. no. of hours wanted	
Full-time / part-time (please circle which you want to work)	Days/ Nights/Mornings/Afternoons/Evenings/ Weekends only (please circle which you are able to work)
Surname:	First name(s):
Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc):	
Current address:	
Post code:	Moved to this address on (date):
Previous address Note: For Criminal Record check purposes, addresses covering the five years up to the application date must be supplied. If necessary, use another sheet of paper.	
Post code:	Moved to this address on (date):
Telephone number (home): Mobile: Email:	Telephone number (work - <i>will be used with discretion</i>):
Own Transport (Yes/No): How long has your licence been held?	Clean current driving licence: Endorsements:
Details:	

EDUCATION

School/College/University	Examinations Passed/Qualifications gained
	<i>(Please supply copies of certificates)</i>

TRAINING HISTORY/PROFESSIONAL STATUS

Date of Graduation/Qualification	Location/Details	Notes
	<i>(Please supply copies of certificates/membership details)</i>	

SHORT COURSES ATTENDED

Subjects	Location

EMPLOYMENT HISTORY

Current/most recent first. Information must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).

Name and address of your most recent/last employer:		
Date employed: (From and to) mm/yy	From:	To:
Nature of business:		
Position held :		
Reason for leaving:		
Salary / Rate:		
Name and address of Employer prior to the employer listed above:		
Date employed: (From and to) mm/yy	From:	To:
Nature of business:		
Position held:		
Reason for leaving:		
Salary / Rate:		
Name and address of Employer prior to the employer listed above:		
Date employed: (From and to) mm/yy	From:	To:
Nature of business:		
Position held:		
Reason for leaving:		
Salary / Rate:		
Other roles (use additional sheet):		

Please give details of relevant experience. This may be taken from the work situation, voluntary work, charity or your own home. Please use separate sheet if insufficient space is available.

NEXT OF KIN

Full name:	
Relationship:	
Tel no:	
Address:	

IDENTITY DETAILS

Nursing and Midwifery Council PIN number:	(Nurses only)
National Insurance Number:	(all applicants)

CAPACITY TO WORK IN THE UK

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?	Yes / No <i>(delete as appropriate)</i>
If yes, please provide details.	
If you are successful in the application, would you require a work permit prior to taking up employment?	Yes / No <i>(delete as appropriate)</i>

Note: Minimum age legislation dictates that care workers in general must be 16 years old or older. Please inform your interviewer immediately if you do not meet these specifications.

REFEREES

You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

Current or most recent Employer

Name:	
Address:	
Post code:	
Tel No:	
Email Address:	
Job title:	

Previous employer to the one above

Name:	
Address:	
Post code:	
Tel No:	
Email Address:	
Job title:	

Character reference

Name:	
Address:	
Post code:	
Tel No:	
Email Address:	
Relationship to you:	

CATERING WORKERS MEDICAL QUESTIONNAIRE

This questionnaire is intended to identify whether you may have any medical conditions which affect your suitability to work in catering. It is not mandatory; if you complete this questionnaire, and it indicates a potential medical problem in working in a catering setting, you will be offered a full, free, health assessment. Complete only if you are applying for catering work, and wish to complete it. However, all applicants for catering work **MUST** sign the declaration on this page.

Have you ever suffered from:	Delete as appropriate	Date	Details
Food poisoning	Y / N		
Dysentery	Y / N		
Typhoid or Paratyphoid	Y / N		
Tuberculosis	Y / N		
Parasitic infections	Y / N		
Has any close family contact suffered from any of the above?	Y / N	Name:	
Have you ever suffered from any of the following within the last two years?			
Diarrhoea or vomiting	Y / N		
Skin rash	Y / N		
Recurring boils	Y / N		
Discharge from ear, eye or nose	Y / N		
Do you suffer from any other medical problems which may affect your employment as a food handler?	Y / N		
Have you been abroad within the last two years?	Y / N		
Should it be necessary, will you agree to provide such specimens as may be required by the Doctor to ensure you are not a carrier of any organism which may infect food?	Y / N	Name:	
NON OPTIONAL SECTION - Applicants Declaration - Read and understand before signing			
<p>1. I confirm that the information given above is complete and correct, and that I understand that any incomplete, untrue or misleading information given to the employer will entitle the employer to reject my application, withdraw any employment offer made, or, if I am employed, dismiss me without notice.</p> <p>2. By my signature, I give authority to the employer to contact my GP for further details regarding any of the potential health problems which I have declared above.</p> <p>3. I agree that the employer reserves the right to require me to undergo a medical examination in order to assess my suitability for catering work.</p> <p>4. I do not wish complete the questionnaire, and I do not wish to have a free health assessment. Delete as appropriate (i.e. either strike out 1, 2 and 3, or only 4).</p>			
Signed: _____ Date: _____ Print name: _____			

NIGHT WORKER'S MEDICAL QUESTIONNAIRE

This questionnaire is intended to assess your suitability for night work. It is not mandatory; if you complete this questionnaire, and it indicates a potential medical problem in working nights, you will be offered a full, free, health assessment.

Complete only if you are applying for night work, and wish to complete it.

However, all applicants for night workers MUST sign the declaration on this page.

OPTIONAL SECTION – Do you suffer from any of the following conditions, which may be made worse by night work?

Diabetes, requiring insulin injections to a strict timetable?	Y / N
A heart or circulatory disorder which affects your physical stamina?	Y / N
Stomach or intestinal disorder, such as ulcers?	Y / N
Any other condition which makes the timing of meals of particular importance?	Y / N
A medical condition affecting sleep?	Y / N
A chronic chest condition?	Y / N
Any medical condition requiring medication to a strict timetable?	Y / N
Any other medical condition in which the symptoms get worse at night?	Y / N
Please give further details for any questions for which you have answered Yes above	
NON-OPTIONAL SECTION – Applicants Declaration – Read and understand before signing	
<p>1. I confirm that the information given above is complete and correct, and that I understand that any incomplete, untrue or misleading information given to the employer will entitle the employer to reject my application, withdraw any employment offer made, or, if I am employed, dismiss me without notice.</p> <p>2. By my signature, I give authority to the employer to contact my GP for further details regarding any of the potential health problems which I have declared above.</p> <p>3. I agree that the employer reserves the right to require me to undergo a medical examination to assess my suitability for night work.</p> <p>4. I do not wish complete the questionnaire, and I do not wish to have a free health assessment Delete as appropriate (i.e. either strike out 1, 2 and 3, or only 4).</p> <p>Signed: _____ Date: _____ Print name: _____</p>	
Employer's initial assessment (no further action required?):	Y / N
Further investigation or action required: Specify investigation or action required:	Y / N

HEALTH DETAILS

Do you have any mental or physical disability or illness (currently or recurring) which is relevant to the post for which you are applying? Yes / No	
If yes, please give details:	
What adjustments (if any) need to be made to the working environment to accommodate your disability?	
Please give details of <i>all</i> absences from work in the last 12 months, except holidays:	
Please give details of any illnesses/accidents/injuries in the last 2 years:	
GP's name:	
Tel no:	
Address:	
<i>(Your GP will not be contacted without your permission)</i>	

MONITORING INFORMATION

Paramount Options Ltd is committed to the principle of equal opportunities in employment whether by sex, marital status, dependents, ethnic origin, disability or age.

You are asked to complete this section along with your application for employment. Its purpose is to enable the Company to monitor the effectiveness of our Equal Opportunities Policy. Please tick or complete the appropriate answer below.

This section will not be used as part of the selection process and is for monitoring purposes only. Thank you.

Please tick the appropriate sections:

1. SEX

Male
Female

2. MARITAL STATUS

Single
Married
Other

3. AGE GROUP

16-24
25-35
35-44
45-55
55+

4. ETHNIC ORIGIN

(Please tick, as appropriate, both parts A and B)

A

Asian
Carribbean
African
South East Asian
British/European
Irish
Other(Please specify)

B

Black
White
Other
Mixed

5. DISABILITY

I am a disabled person
I am a disabled person, but not registered
I am not disabled

6. How did you find out about the post?

National Press* Other Press* Job Centre
Local Press* Internal

*Please specify.....