

EMPLOYMENT RECORD

(commencing with the most recent position)

Are there any gaps in your Employment History? (If so, please state reason for breaks)

Company Name & Address	Job Title	Month / Year		Reason for Leaving
		From	To	

Describe the main activities of your present or most recent job, together with some indication of your achievements. In addition, reasons why you would like to change jobs and why you have applied to Grapevine Employment Agency.

Have you any experience or achievements that you feel are relevant, possibly voluntary, part time or project work.

Continue on separate sheet if necessary

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INTERVIEWER'S COMMENTS

APPEARANCE

SPEECH

PERSONALITY

GENERAL CONCLUSION

Interviewed by:

Date:

How does the Applicant want wages paid: BACS / CHQ / CASH

Uniform size:

Date uniform given:

Date available to take work from:

Health Questionnaire

Please circle "Yes" or "No" to the following questions:

1. Are you at present under any medical care or receiving treatment? Yes / No _____
2. Have you consulted your doctor, or any other doctor or specialist (including psychiatrist) during the past five years, or are you expected to do so? Yes / No _____
3. Have you ever had any of the following (if yes, please give details): Yes / No _____
 - (a) Back trouble: Joint or Muscle disorder? Yes / No _____
 - (b) Asthma, bronchitis, pleurisy, pneumonia or any disease of the lungs? Yes / No _____
 - (c) Chest problems, High blood pressure or any form of Heart trouble? Yes / No _____
 - (d) Skin disease? Yes / No _____
 - (e) Headaches? Yes / No _____
 - (f) Depression: Nervous breakdown: Anxiety: Blackouts, Fits, Faints or any other mental problem or Nervous or Neurological troubles? Yes / No _____
 - (g) Any cancer, growth or tumour? Yes / No _____
4. Have you ever had chicken pox? Yes / No _____
5. Do you have any hearing difficulties? Yes / No _____
6. Have you good eyesight? Yes / No _____
7. Do you suffer from any disability? Yes / No _____
8. Have you been made aware of the duties and obligations of Care Staff who are, or may be infected with HIV? Yes / No _____
(please ask for advice if concerned)
9. Name and Address of you GP: _____

Grapevine Employment Agency is Equal Opportunities Agency. It is important that you are treated fairly and equitably regardless of sex, marital status, disability or race (ethnic origin).

In order to monitor the effectiveness and success of Members of **Grapevine Employment Agency**, it is important that you complete the questionnaire below. The details are confidential and will not be in any way to your detriment.

Ethnic Origin

I would describe my ethnic origin as:

White

- Indian
 British
 Pakistani
 Irish

Any other White background (Please state) _____

Mixed

- White/Black Caribbean
 White/Black African
 White/African

Any other Asian background (Please state) _____

Asian or Asian British

- Indian
 Pakistani
 Bangladeshi

Any other Asian background (Please state) _____

Black or Black British

- Caribbean
 African

Any other Asian background (Please state) _____

Chinese or other ethnic group

Chinese

Any other (Please state)

Type of work preferred: Hospital / Nursing Home / Private

	Available to work (tick days)	Hours preferred
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

Experience in specialised areas and preferred areas of work:

E.G. Care of the Elderly / Paediatrics / Spinal injury

Please give full details: _____

SUPPORTING INFORMATION Please use this section for any additional information relevant to your application

PERSONAL REFERENCES

Please give details of two people (not relatives) we could approach for references, after obtaining their permission. (only Senior staff members / Manager etc.) At least one should be your present or most recent Employer.

1. Name _____

2. Name _____

Occupation _____

Occupation _____

Address _____

Address _____

Telephone _____

Telephone _____

I agree to you applying for personal references. To the best of my knowledge all the particulars I have given are true.

PAYMENT OF WAGES

You can either be paid weekly or monthly by BACS direct into your chosen Bank/Building Society account. The money will be paid into your account on Friday weekly, or on the last Friday of the month if monthly paid. Please supply details of your account (BLOCK CAPITALS)

NAME OF BANK/BUILDING SOCIETY: _____

ADDRESS OF BANK/BUILDING SOCIETY: _____

SORT CODE & BANK ACCOUNT NUMBER: _____

NAME OF ACCOUNT (e.g. Mrs. H. Wilcox) _____