



**Vittoria Healthcare Ltd**

Please return application form to:  
Mrs L Wells  
HR Manager  
Vittoria Healthcare Ltd  
8 The Highway  
Hawarden  
Deeside  
CH5 3DH

**Job Application**

**Position Applied for:** .....

**Location:** .....

Surname (Block letters):.....

Other names: .....

Address:.....

..... Post Code .....

Telephone No: ..... Mobile No:.....

Email address: .....

.

**Employment History**

1. Present employer .....

Address:.....

.....

Job Title: .....

Duties: .....

.....

Rate of pay: .....

Period of employment: From.....To:.....

Reason for leaving: .....

**Previous Employment**

Job Title, Employer, Type of Business	Date employment started	Date finished	Brief summary of duties & reason for leaving

**No approach will be made to your present employer before an offer of employment is made to you.**

Please provide details of 2 referees. One of which must be your current/last employer

Name:	Name:
Address:	Address:
Tel No:	Tel No:
Job title:	Job title:
Please state relationship/status of referee i.e. employer/friend:	Please state relationship/status of referee i.e. employer/friend:

## Education and Training

Name of school/educational establishment	Details of qualifications & grades	Date obtained

During the last 12 months of employment, (this may be with one employer or more) how many days have you been absent from work due to illness? .....

Are you eligible to work in the UK? YES/NO

Do you hold a clean driving licence? YES/NO

Have you had any driving accidents or convictions in the previous 5 years? YES/NO

Have you ever been convicted of a criminal offence? YES / NO  
(declaration subject to the Rehabilitation of Offenders Act 1974)

If you have a disability please tell me about any adjustments I may need to make to assist you at interview .....

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I can confirm that to the best of my knowledge the above information is correct. I accept that providing deliberately false information could result in my dismissal.

Signature: ..... Date .....