CHINE HOUSE VETERINARY HOSPITAL

Application for employment

Surname	Forenames
Title	
Address inc Postcode	Phone Home Phone Mobile Email
Nationality Act 2006, you was Kingdom, before any job of	o comply with our obligations under the Immigration, Asylum and vill be asked to provide written proof of your right to work in the United fer is made to you. You will be given details of the original document or red at the appropriate time.
Do you have a full current driving licence?	YES/NO
Is it free of endorsements?	YES/NO (If NO, give details):
Have you previously worked for us?	'ES/NO. If yes, when and in what capacity?
Have you a contact or are Hospital? If so, please give	you related to any person in the employ of Chine House Veterinary e details
Employment	
Position applied for	
If offered this position, will you continue to work in any other capacity?	YES/NO (If yes, please give details)
Would you work full time?	YES/NO
If your application is for part	time employment, please state days/hours preferred.

Education	
Educational qualifications	
Please list examinations taken, the year of the exam and grades achieved:	
GCE O Level /GCSE / or equivalent	Grade
AS Lovel or equivalent	
AS Level or equivalent	
A Level or equivalent	
Degree or equivalent	
Degree of equivalent	
	a qualifications.
Please give name & address of school/college/university where you attained your	qualifications:

On what date would you be available to commence this employment?

Professional qualificatio dates	ns and membership of	professional organisa	tions – ple	ase include
Employment history				
Present/last Employer:		Date of employment		
		From		
		То		
Address:				
Starting salary:		Final salary:		
Type of business:		Position held:		
Describe the work under	taken:			
Reason for leaving:				
Please give details of y	our two previous emplo	oyers, most recent firs	it.	
Employer:		Date of employment		То:

Address:				
		I		
Starting salary:		Final salary:		
Type of business:		Position held:		
Describe the work und	ertaken:			
Reason for leaving:				
Employer:		Date of employment	То:	
Address:				
Starting salary:		Final salary:		
Type of business:		Position held:		
Describe the work und	ertaken:			
Reason for leaving:				

References

Name Occupation Address Address Email Tel. no Tel no. Please outline the skills and competencies you have gained through paid employment and other work activities and interests which are relevant to your application for this job. Please continue on a separate sheet if required Please use this space to give any other information you feel is necessary to support your application including your reasons for applying to Chine House Veterinary Hospital. If your application is successful, you may be asked to consent to Chine House Veterinary Hospital verifying the information you have given in this form. Sign and date the declarations and authorisation below:
Address Email Tel. no Please outline the skills and competencies you have gained through paid employment and other work activities and interests which are relevant to your application for this job. Please continue on a separate sheet if required Please use this space to give any other information you feel is necessary to support your application including your reasons for applying to Chine House Veterinary Hospital. If your application is successful, you may be asked to consent to Chine House Veterinary Hospital verifying the information you have given in this form.
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verifying the information you have given in this form.
verifying the information you have given in this form.
Sign and data the declarations and authorization below
I declare that the information given by me, to the best of my knowledge, is true and complete.
I acknowledge that dishonesty or the giving of incorrect information on purpose may render this application and any subsequent employment invalid and subject to summary termination.
In accordance with the Data Protection Act 1998, I hereby authorise Chine House Veterinary Hospital to process the information contained in this application form for recruitment and selection purposes.
Name (block capitals)
Date
Signed

Any additional information