

ScotsCare Employment Application Form

Please complete this form and return to us at: ScotsCare, 37 King Street, London WC2E 8JS

Position applied for _____

When could you take up duties if appointed _____

1. Applicants Details

Title: _____ Surname: _____

First Name: _____ Date of Birth: _____

Marital Status: _____ Place of Birth: _____

Address: _____

Post Code: _____ Email Address: _____

_____ Mobile Tel: _____

2. Health

Are you in good health? Yes/No

Have you a history of serious illness or accident?
(if yes, please give details) Yes/No

Are you currently in receipt of medical treatment?
(if yes, please give details) Yes/No

Give details of working days lost through illness in the last two years.

3. Referees

Name	Address	Telephone Number	Position

4. Employment History

Please list most recent first

Dates	Employer	Job title/duties	Reason for Leaving	Salary

5. Education History

Dates	School/College/Other	Course Content	Qualifications Gained

6. Please give details, as appropriate, of your knowledge of Scotland and/or Scottish culture.

--

7. Supporting Statement

Please give details of background and experience that you think equips you for the post with reference to the job description (continue on separate sheet as necessary).

8. It is important that the applicants have good team skills. Please outline ways in which you have worked as a team member successfully.

9. Are you willing to consider part-time job share opportunities?

10. I declare that the information provided on this form is true to the best of my knowledge and belief.

Signature: _____

Date: _____