



**M&L AMBULANCE SERVICE
APPLICATION FORM**

Position applied for:

Select as appropriate:

Surname:

Forenames:

Address:

.....

.....

.....

Post Code:

Telephone: Home:

Work:

Mobile:.....

Have you any objections to be contacted on any of these numbers?

If so what number

Email:

Date of Birth: Age at Present:

National insurance Number

Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National?

If you have answered no - Please confirm details of your current immigration status. Please select the appropriate answer:

Does your visa have a condition restricting employment or occupation in the UK?

Yes / No

Please supply details of any visa currently held, number, start/expiry dates and details of any restrictions.

Visa number:

Start Date:

Expiry Date:

Details of restriction:

.....

PLEASE NOTE YOU WILL BE ASKED TO PROVIDE PROOF OF THIS AT INTERVIEW

REHABILITATION OF OFFENDERS

As M&L Ambulance Service meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974, all applicants who are offered employment will be the subject to a criminal record check from the Criminal Record Bureau before the appointment is confirmed. This will include details of cautions, reprimands or final warnings, as well as convictions.

Accordingly all prospective employees shall provide information in relation to the said Act about **any Convictions Current, Spent or Pending** under the provisions of the Act.

Please indicate if this will refer to you. **Yes** **No** **Sign**

PLEASE NOTE: YOU MUST CIRCLE SELECT “YES” IF YOU CURRENTLY HAVE OR HAVE HAD IN THE PAST ANY CRIMINAL CONVICTIONS REGARDLESS OF HOW LONG AGO.

If you have indicated yes or have any outstanding convictions this may not automatically go against your application but further discussions will be held at interview if short-listed. Information obtained via a disclosure will be held for the purposes of the applications only and will conform to the Data protection Act.

Further information on disclosures can be found at www.disclosure.gov.uk or by telephoning the CRB on 0870 90 90 811.

DRIVING LICENCE DETAILS

Please provide details of driving licence held:

Type of Licence How long held for
i.e car/psv hgv

Driving Licence Number

Any Endorsements **Yes** **No** Points **Yes** **No**

If you have stated to yes to either of these two please provide details.

.....
.....

PLEASE EMAIL A COPY OF YOUR LICENSE WITH THIS APPLICATION.

MEDICAL

You may be required to attend a medical examination for this post. Please indicate if you have any objection to this **yes/no**

Please indicate if you have any medical condition that you feel may need further discussions on interview.

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ABSENCE

Please list any absences from work during your last 12 months (other than Annual Leave) giving reasons.

.....
.....

DISABILITY

Please indicate if you have any disabilities that you feel would need to be taken into consideration for the position applied for.

.....

Please continue on separate sheet if necessary

REFERENCES

Please provide details of two referees. If possible both referees should be previous Employers with one of the two being your current or most previous Employer.
If this is not possible one referee can be a character reference.

Ref: - 1	Ref: - 2
Name:	Name:
Address:	Address:
.....
.....
Post code:	Post code:
Company Name:	Company Name:
.....
Position Held:	Position held:
How long known:	How long known:
Telephone:/...../.....	Telephone:/...../.....

May these references be contacted prior to interview?

Ref 1 – Yes	No	Ref 2 – Yes	No
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EDUCATION & TRAINING

School, college, etc	Dates	Qualifications
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.....
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.....
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.....

Please continue on a separate sheet if necessary

EXPERIENCE

Please record any previous relevant experience.

.....
.....
.....
.....
.....

Please continue on a separate sheet if necessary

INTERESTS / HOBBIES

Please list any interests/hobbies

.....
.....

GENERAL INFORMATION

All information provided on this Application form will be treated in the strictest of confidence.

If you feel there is any relevant information that may assist your Application that has not been included in this form please complete details onto a separate sheet.

All perspective employees that are short-listed and asked to come to interview will be expected to sit an aptitude test to further ascertain their suitability for the post applied for. Failure to pass or refusal to sit this application will result in the withdrawal of any offer of employment.

DECLARATION

The information provided on this form is entirely true. I understand that any job offer made to me on the basis of untrue or misleading information may be withdrawn or my employment terminated.

I also understand that I must declare at interview any changes to any details provided on this application form.

Sign Name Print Name.....

Date

Please indicate how/where you heard about our company / position applied for.

.....

Please return this form to: **Recruitment, M&L Ambulance, Unit 4, Datapoint, South Crescent, Cody Road, London E16 4SR. Telephone +44 (0)20 7511 9818**

This organisation strives to operate a policy of equal opportunity and not discriminate against any person because of sex, race, colour or national origin.

To help us monitor this, will you please provide the information requested. The information you provide will only be used for monitoring purposes.

How do you identify your ethnic group? Please select.

A White

- British
- Irish
- Any other White background (please specify).....

B Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background (please specify)

C Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (please specify)

D Black or Black British

- Caribbean
- African
- Any other Black background (please specify)

E Chinese or other ethnic group

- Chinese
- Any other (please specify)

F Arab or Middle Eastern descent

- Arab
- North African
- Iraqi
- Kurdish
- Any other Middle Eastern background (please specify).....

Sex:

Surname:

First name(s):

Date:



Under the exemptions stated in the Rehabilitation of Offenders Act 1974, M&L Ambulance Service, is legally entitled to make full enquiries into the conviction history of all prospective employees.

Accordingly M&L Ambulance Service requires all job applicants to provide complete information about **any convictions whether current, spent or pending** under the provisions of the Act.

Please indicate if this will refer to you.

Sign.....

Please note: You must circle “Yes” if you currently have or have had in the past any criminal convictions regardless of how long ago as well as those which have yet to be concluded at Court. Failure to disclose such information at this stage, and which is subsequently revealed in a criminal record check from the Criminal Record Bureau may result in the immediate termination of your employment with this Company.

If you do indicate “Yes” or have any outstanding conviction(s) this may not automatically go against your application but further discussions will be conducted at the interview if you are short listed.

If appropriate please list below the matters you wish to have considered in conjunction with your employment application.

OFFENCE	APPROXIMATE YEAR	PENALTY

I confirm that the matters I have listed above are the only ones that I wish to have considered alongside my application for employment with M&L Ambulance Service.

Signed **Date.....**

Information obtained via a disclosure will be held for the purposes of the applications only and will conform to the Data Protection Act.