

# **DDHCS APPLICATION FORM**

## **CONFIDENTIAL**

Application for the position of Cleaning Staff / Home Ironing Staff  
Please complete all sections of the form, deleting choices as appropriate.  
Return marked "Private and confidential" to: Mrs J Denton  
DDHCS 4 Stortford Road, Leaden Roding Essex CM6 1QX.

## **PERSONAL DETAILS**

**SURNAME:** \_\_\_\_\_ **FIRST NAMES:** \_\_\_\_\_

**(MR/MRS/MISS/MS)** **PREFERRED NAME:** \_\_\_\_\_

**ADDRESS:**

**TELEPHONE NUMBER:**

**HOME:** \_\_\_\_\_

**MOBILE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**AGE** \_\_\_\_\_

**DO YOU HAVE A CURRENT FULL DRIVING LICENCE? YES / NO**

**ANY DRIVING CONVICTIONS? YES/No (give details below)**

**ANY CURRENT ENDORSEMENTS**

**YES / NO**

**DETAILS:**

**HAVE YOU EVER BEEN DISQUALIFIED FROM DRIVING? YES/NO**

**DETAILS:**

**SMOKER / NON SMOKER**

**Education**

Secondary School / College/ Other	Dates	Qualifications Gained

**PRESENT (OR MOST RECENT) EMPLOYER**

<b>NAME:</b> _____
<b>ADDRESS:</b> _____ _____ _____
<b>JOB TITLE</b> _____ <b>SALARY</b> _____
<b>REASON FOR LEAVING</b> _____
<b>BRIEF DESCRIPTION OF DUTIES</b> _____ _____

**PREVIOUS EMPLOYMENT**

<b>Name &amp; Address of Employer</b>	<b>Dates</b>	<b>Position held &amp; duties</b>	<b>Reason for leaving</b>

**HEALTH DETAILS** Have you had any illness (other than normal childhood ailments), which have required time off work for longer than a week? Do you suffer with any back problems?

Are you currently taking any medication, if so what for?

**INTERESTS & PASTIMES**

**REFEREES:** Please give the names and addresses of two people willing to act as referees. At least one should be your most recent employer. Referees should not be relatives.

<b>Name:</b> <b>Position held:</b> <b>Address:</b>	
<b>Telephone no:</b> <b>Fax No:</b>	
<b>Name:</b> <b>Position held:</b> <b>Address:</b>	
<b>Telephone no:</b> <b>Fax no:</b>	

**CRIMINAL CONVICTIONS** Have you ever been convicted of a Criminal Offence or is there any action involving a Criminal Offence pending?  
If so please give details below.

**I declare that all the information supplied is true to the best of my knowledge. I understand that should the aforesaid information be found to be false it may result in any employment offered or given to me by DDHCS to be terminated.**

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_