

## MSS Care Employment Application

**Equal Opportunities:** MSS Care is an equal opportunities employer. We do not discriminate on the basis of sex, race, age, religion, cultural diversity or sexual orientation.

**Consent:** In accordance with GDPR 2018 please tick the following boxes to state you agree to sharing this information with us & consent to its use as MSS Care sees appropriate.

Car details: Yes  No  Bank details: Yes  No

**Surname:**

First Names:	DOB:
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Address:	
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Home Phone:	
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Mobile Phone:	
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e-mail address:	
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**Position Applied For:**

National Insurance Number:	
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Current Driving License No:	
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Expiry Date:	
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**Qualifications and Training:**

Last School and Qualifications Obtained:	
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College or University and Qualification Obtained:	
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Other Qualifications:	
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Other Training Completed:			
<b>Employment History</b>		If available please attach your CV	
Current Employer:			
Notice Required:		Available From:	
Employer:	From	To	Position or duties
<b>Professional References:</b>			
Please supply two character references, from previous employers.			
1. Name:			
Relationship:			
Address:			
Home phone:			
Mobile phone:			
e-mail address:			
2. Name			
Relationship:			
Address			
Home Phone:			
Mobile Phone:			
e-mail address:			

<b>Personal References:</b>	
Name:	
Address:	
Home Phone:	
Mobile Phone:	
Email address:	
<b>Criminal Records Check</b>	
Due to the nature of our business we are required by law to carry a criminal record check on all our care staff. Please sign below if you agree to us carrying out a criminal records check.	
I agree to MSS care carrying out a criminal records check:	
Yes	<input type="checkbox"/> No <input type="checkbox"/>
<b>Health details and Medical</b>	
The care we provide can be physically demanding. Please indicate below if you agree to MSS Care contacting your doctors to ensure that you are medically fit to carry out your duties.	
I agree to MSS Care contacting my doctors:	
Yes	<input type="checkbox"/> No <input type="checkbox"/>
<b>Doctors Details</b>	
Name of Practice:	
Address:	
Practice Phone Number:	
<b>Next of Kin:</b>	
In line with GDPR 2018 we require by law to request a written consent from <u>any</u> personal reference & your appointed N.O.K. Please complete and sign the boxes below:	
Name:	



**MSS Care Employment  
Application**

Address:	
Phone:	
Email:	
Print Name:	
N.O.K to sign here:	

If you have not provided a CV, please write a short paragraph to explain why you think you are suitable for this position: