

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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1 st Line of Address	
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2 nd Line of Address	
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Postal Town	
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County	
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Post Code	
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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:	
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National Insurance Number:	
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Current Driving License No.	
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Categories:	Expiry date:
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Endorsements:	
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Qualifications and Training:	
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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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MSS Care Employment Application

Other Training Completed:			
Employment History		If available please attach your CV	
Current Employer:			
Notice Required:		Available From:	
Employer:	From	To	Position or duties
Professional References:			
1. Name		Please supply two character references, from previous employers.	
Address	Relationship:		
1 st Line of Address			
2 nd Line of Address			
Postal Town			
County			
Post Code			
Home Phone:			
Mobile Phone:			
e-mail address:			
2. Name			
Address	Relationship:		
1 st Line of Address			
2 nd Line of Address			
Postal Town			
County			
Post Code			
Home Phone:			
Mobile Phone:			
e-mail address:			
Criminal Records Check			

Due to the nature of our business we are required by law to carry a criminal records 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:	
Health details and Medical	
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:	
Doctors Details	
Name of Practice	
Name of Doctor	
1 st Line of Address	
2 nd Line of Address	
Postal Town	
County	
Post Code	
Practice Phone Number:	
Next of Kin:	
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:	
Address:	
Phone:	
Email:	
Print Name:	
Sign here:	

Personal References:	
Name:	
Relationship:	
1 st Line of Address:	
2 nd Line of Address:	
Postal Town:	
County:	
Post Code:	
Home phone:	
Mobile phone:	
E-mail address:	
Print & Sign:	