

MEDICAL PHYSICS INTERNATIONAL

CONFIDENTIAL APPLICATION FOR EMPLOYMENT

We wish to ensure that all applicants are treated fairly in terms of short listing and so would ask you *not* to enclose a CV or any other information at this stage

POSITION APPLIED FOR

DATE AVAILABLE TO COMMENCE:	
-----------------------------	--

NOTICE REQUIRED:	
------------------	--

HOW DID YOU HEAR OF THIS POSITION:	
------------------------------------	--

SURNAME: _____	INITIAL: _____
ADDRESS: _____	

_____	POSTCODE: _____
TEL. NO. (Home): _____	TEL. NO. (Business): _____
NATIONAL INSURANCE NO: _____	

Are you in good health?	YES / NO
-------------------------	----------

Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974?	YES / NO
---	----------

EDUCATION

Secondary Schools	Examinations and Results
College/University	Courses and Results
Any other Education or Vocational Training	Courses and Results
Professional Membership and Qualifications	

EMPLOYMENT HISTORY

Present Employer Type of Business

Address

Type of Work

From To Salary

Reason for leaving

Please give details of your previous employment:

Employer Type of Business

Address

Type of Work

From To Salary

Reason for leaving

Employer Type of Business

Address

Type of Work

From To Salary

Reason for leaving

May we contact any of the above employers?

YES / NO

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed:

If there is a particular employer(s) you do not wish us to contact, please indicate which one:

.....

FURTHER INFORMATION

Why did you apply to MPI?

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

Have you any further information you feel relevant to your application?

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

Please give details of holiday arranged:

INTERESTS

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

REFERENCES (One of whom should be your present or most recent employer).

Name: _____

Address: _____

Position: _____

Name: _____

Address: _____

Position: _____

NO CONTACT WILL BE MADE WITH YOUR PRESENT EMPLOYER WITHOUT YOUR PERMISSION

APPLICATION FORM / MONITORING FORM

Information provided by you on this application form will be stored and can be assessed by you in accordance with the Data Protection Act. Information will be stored for no longer than 6 months.

Successful applicants will have the information transferred to their personal file.

Please sign to indicate your agreement for the storage of this information.

I agree to the storage of this information as outlined above.

Signed: _____ Date: _____

I understand that any false or misleading information given in this application may result in my dismissal if I am appointed. I declare that to the best of my knowledge the above information and that submitted in any accompanying document(s) is correct.

SIGNED: _____ DATE: _____

FOR OFFICE USE ONLY

CALL FOR INTERVIEW YES / NO _____

If no please state reason _____

SIGNED: _____ JOB TITLE: _____