

COIC. EMPLOYMENT APPLICATION FORM

CARING OUTREACH

INTERNATIONAL CHARITY



An Equal Opportunity Employer

Please write with Black Ink

APPLICATION DETAILS.

Position (s) Applied for _____

Name (Surname first and then first name) _____

Full Postal Address. _____

_____ Post Code _____

Telephone (Inc STD Code) _____ Mobile _____

Email Address _____

General Information

Sex. Male Female

General Information Continued

Date Of Birth _____

Marital Status _____

Do you smoke? Yes No

Are you in general good health? Yes No
If no, please state your medical condition. _____

Are you receiving any medical treatment? Yes No
If yes, please state what. _____

Have you in the past had periods of ill - Health resulting in absence from work? Yes No
If yes, please state the illness and duration _____

Are you registered disabled? Yes No
If yes, please give registered number and Expiry date _____

Are you willing to have a medical Examination if required? Yes No

SKILLS AND QUALIFICATIONS

Summarise your record of training, Specialist courses, qualifications and Experience relevant to the post.. _____

Do you hold a clean driving licence? Yes No
If no, list endorsements. _____

Have you any time been convicted of a crime resulting in a Prison sentence (actual or suspended)? Yes No

Are You legally eligible for employment in the UK? If you are not UK or European Union national, please state Your work permit number _____

Have you been employed by this Charity before? Yes No
If yes, please give job titles, dates and reasons for leaving. _____

Date available for work _____

Will you relocate if required? Yes No

Will you work overtime if needed?. Yes No

Will you work shift or other flexible working arrangements if Necessary? Yes No

Will you travel if Job require it? Yes No

EDUCATION BACKGROUND

NAME & LOCATION OF SCHOOL / COLLEGE / UNIVERSITY.ETC.

From /To	Qualification(s)	Subject(s)

EMPLOYMENT HISTORY

Please give details of your last two positions ,starting with the most recent. Or say if this is your first Job.

From / To	Employer	Telephone _____
Job Title	Address	
Title	Summarise the nature of work performed and job Responsibilities.. _____	
Reason for leaving	Rate of Pay /Salary Start _____	
From / To	Employer	Telephone _____
Job Title	Address	
Title	Summarise the nature of work performed and Job Responsibilities, _____	
Reason for leaving	Rate of pay / Salary start _____	

Main Interest and Hobbies _____

References Please give below details of people who are willing to give you reference or tick one to Contact them. At any time Only if we offer you a job

Name	Position	Contact Address	Telephone No	Years known

Declaration It is understood and agreed that any misrepresentation by me on this application form will Be sufficient cause for cancellation of this application and /or termination from the empl - Oyer's service if I have been employed..

I give the employer the right to investigate all references and to secure additional information about me,if job related. I hereby release from liability the employer. And its representatives for seeking such information and all other persons, Corporations or organization for furnishing such information and all other persons ,corporations or organisations for Furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no questions On this application is used for the purpose of limiting or excusing any applicant's consideration for employment on Basis prohibited by law.

I have answered to every to every Questions accordingly and I believe all to be true And I promise to be faithful,Caring, Sincere and work hard when discharging my Work to this Organisation . The Communities. I PLEDGE AND PROMISE.

Name _____
Sign _____ Date _____
Name of witness _____

FOR OFFICE USE ONLY.

1. Officer's Name _____ 2. Accepted / Rejected _____