

Application for employment

Vacancy Applied For

Branch Applied For

Where did you hear of this position

What notice are you
required to give your
present employer?

Weeks

Full Time

Part Time

Please return completed form to:

442-450 Stapleton Road
Bristol
BS5 6NR

Tel: (0117) 9526010

Fax: (0117) 9526019

www.pharmacyplus.co.uk

email: info@pharmacyplus.co.uk

Personal....

Title

First Name

Surname

Address
(please
include
postcode)

Daytime telephone

Evening telephone

E-mail Address

Do you have a full UK drivers licence?	Yes/No
Do you have any endorsements on your licence	Yes/No If yes, give details
Do you have any criminal convictions?	Yes/No If yes, give details
Do you have a medical illness or disability?	Yes/No If yes, give details
How many days have you had off sick in the last year for any reason	If greater than TWO, please explain

Education and Training....

Establishment	Dates		Examinations passed or to be taken (names of courses studied with level, subject, grade and dates taken/to be taken)
	From	TO	
Further Education			
Other Training			
Give details of Membership of professional institutions (include RPSGB membership number if pharmacist)			

Employment....

Please state employment over the last three years

Name of Employer & Address	Date From To	Brief details of duties	Salary and any other benefits (pensions, holidays etc)

Explain why you wish to take this job

Please state the salary you are expecting for this job

Is there anything else you would like to add to support your application? For example: achievements which were particularly important to you, positions of responsibility you have held (use a separate sheet if necessary)

References Two references will be taken up

All offers of employment will be subject to satisfactory references

One reference should be from your current employer (this will not be taken up until after the offer has been accepted), or from your school/college.

<p>Name</p> <p>Address</p> <p>Occupation</p> <p>Employer/Academic/Personal (please delete)</p>	<p>Name</p> <p>Address</p> <p>Occupation</p> <p>Employer/Academic/Personal (please delete)</p>
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I CERTIFY THAT THE INFORMATION DETAILED IS CORRECT, AND UNDERSTAND THAT FALSE OR WITHHELD INFORMATION MAY LEAD TO TERMINATION OF EMPLOYMENT

Applicant's signature..... Date

Pharmacists Only...

Please describe in no more than 150 words what is your vision for the future of pharmacy in the United Kingdom and how this could be achieved.

For Office Use Only

Date received

Acknowledgement sent

Initial Views

Rejection without interview

Interview Date

Interview Comments

Offered

Accepted

Rejected with interview