Lincolnshire House Association

Pre-Employment Form

What position are you applying for?	
Date of application	

Please complete this application to the best of your ability. Please continue on a separate sheet if necessary. Should you have any questions, please contact our administration team on 01724 844168.

Personal Details	
Forename	
Surname	
Address & Postcode	
Telephone Number	
Email address	
Do you have a valid Passport?	
Do you have a transferable DBS? If so, please state the Certificate Number, and your Date of Birth	

Supporting Information
Why would you like to work at Lincolnshire House?

Education & Qualifications

Please use the space below to detail your **all** your education & qualifications in chronological order.
Not completing this section in full may result in a delay in your application.

Dates from - to	School/College/University Name	Qualifications achieved

Your Current Employment

Please provide details of your current employer.

Company Name	
Company address	
Your Job Title	
Dates you worked from - to	
Reason for leaving	
Reference Details: Full Name, Email/Telephone	

Responsibilities

Employment History

Please complete **all your employment history dating back to school.**
Not completing this section in full may result in a delay in your application.

Company Name	
Company address	
Your Job Title	
Dates you worked from - to	
Reason for leaving	
If this was a role in Health and Social Care, or working with children, please provide us with reference details: Full Name, Email/Telephone	
Responsibilities	

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Company Name	
Company address	
Your Job Title	
Dates you worked from - to	
Reason for leaving	
If this was a role in Health and Social Care, or working with children, please provide us with reference details: Full Name, Email/Telephone	
Responsibilities	

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Company Name	
Company address	

Your Job Title	
Dates you worked from - to	
Reason for leaving	
If this was a role in Health and Social Care, or working with children, please provide us with reference details: Full Name, Email/Telephone	
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Company address	
Your Job Title	
Dates you worked from - to	
Reason for leaving	
If this was a role in Health and Social Care, or working with children, please provide us with reference details: Full Name, Email/Telephone	
Responsibilities	

Other Relevant Experience
Please use the space below to detail any experience or previous employment you feel would be relevant to support your application for this role.

Employment Gaps

Please use the space below to explain any gaps in your employment history dating back since school.
Not completing this section in full may result in a delay in your application.

Criminal Disclosure

Have you ever been convicted of a criminal offence?	Yes	No

If yes, please provide details in line with the Rehabilitation of Offenders Act

Pending Investigation/s		
Are you under investigation for or subject to any disciplinary sanctions in relation to your conduct at the time of your dismissal?	Yes (Please provide more information)	No

Driving?		
Do you hold a full UK driving licence?	Yes	No

Right to work		
Do you have the right to work in the UK?	Yes	No
Do you have any restrictions on your work?	Yes	No
Please detail any restrictions below		

Declaration of Family/Close Relationship		
Do you have any family or a close relationship to any current or existing employees or employers at Lincolnshire House?	Yes (Please provide more information)	No

Declaration	
I confirm that to the best of my knowledge the information I have provided on this form is correct and I accept that providing deliberately false information could result in my dismissal.	
Name	
Signature	
Date	

Health Screening Questionnaire

(This form is not used as part of the recruitment process)

This information is collected in the company's statutory obligation to ensure that we meet our duty of care for our employees. The information provided on this form will be used by the organisation to determine if it is safe for you to undertake a work task or if the activities that you are required to undertake will exacerbate any pre-existing medical conditions. The form will be handled in strict confidence and all information stored according to the requirements of the applicable data protection legislation.

Based on the information provided, we may need to seek advice from a doctor, or occupational health specialist. It may also be necessary for you to regularly attend health surveillance during your employment if determined by the company risk assessments. Advice regarding fitness for work will be accessible to management in general terms, however, detailed clinical information will not be revealed without your consent.

If further information is required from your doctor or health specialist, this will only be obtained with your written consent.

Personal Details:

Full Name	
Address	
Telephone	
Name and Address of GP	

Job Involves/may expose employee to:

☐ Electromagnet Fields (EMF)	☐ Regular manual handling/lifting duties
☐ Food handling	☐ Regular night shifts
☐ Hazardous substances e.g. lead, asbestos, isocyanates, dusts (e.g. silica, wood), fumes (e.g. welding)	☐ Regular overseas Travel
☐ Human blood, tissues, fluids or biological agents	☐ Regular vehicle driving activities (incl.fork lift trucks
☐ Ionising radiations	☐ Respiratory sensitisers or allergens. Carcinogens
☐ Latex materials	☐ Vibrating equipment
☐ Noisy environments	☐ Working at height
☐ Regular Display Screen Equipment (DSE) usage	☐ Other hazards (please state):

Occupational History:

Has your employment ever been terminated on the grounds of ill-health?	Yes	No
How many separate periods have been lost in the past two years due to illness or injury?		
How many days have you lost in the past two years?		

Medical History:

Do you have, or have previously had any of the following health conditions?	
☐ Giddiness, fainting attacks, epilepsy	☐ Stroke, heart trouble, high blood pressure or varicose veins
☐ Mental illness, anxiety or depression	☐ Diabetes
☐ Recurring headaches	☐ Skin trouble
☐ Serious injury or operations	☐ Ear trouble or deafness
☐ Serious hay fever, asthma or recurring chest infections	☐ Colour vision or eye trouble not corrected by glasses or contact lenses
☐ Recurring stomach or bowel trouble	☐ Back or muscle/joint trouble
☐ Recurring bladder trouble	☐ Hernia or rupture

Do you have any other known medical condition/s not mentioned above? If so, please use this space to document		
Do you have any implanted, body active or inactive medical devices are worn (e.g. pacemaker)?	Yes	No
Are you currently taking any prescribed medication?	Yes	No
Would you need to take the medication whilst at work?	Yes	No
Are you currently under the care of a doctor, consultant or other medical professionals?	Yes	No
Do you have any allergies we need to be aware of?	Yes	No
Is there anything else we need to know about you to help you carry out certain duties/tasks?	Yes	No
Is there any health condition or disability that may require workplace support or reasonable adjustments to enable you to safely undertake the duties of the role?	Yes	No

Do you have any disabilities that affect the following?	Yes	No
Standing Walking Climbing stairs	Lifting Using your hands Driving a vehicle	Working at heights Climbing ladders Working on staging

If you have answered 'yes' to anything on this form, please use this space to provide further information:	

Declaration: I confirm that to the best of my knowledge and belief, the above information is correct. I understand that any failure to disclose information could lead to a re-assessment of my general fitness, which could ultimately lead to the termination of my employment.

Signature:……

Date:……

Recruitment Policy & Procedure

Safeguarding/Ex-Offenders Declaration: Please note this section will only be seen by those involved in the recruitment process and will be treated with the strictest confidence.
The Rehabilitation of Offenders Act 1974 T Lincolnshire House aims to promote quality of opportunity and is committed to treating all candidates fairly regardless of ethnicity, disability, age, gender or gender re-assignment, religion

or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. Lincolnshire House undertakes not to discriminate unfairly against candidates on the basis of a criminal conviction or other information declared.

Answering 'yes' to the question below will not necessarily prevent your employment. This will depend on the relevance of the information you provide in respect of the nature of the position and the particular circumstances.

Are you currently bound over or do you have any current **UNSPENT** convictions that have been issued by a Court or Court-Marital in the United Kingdom or in any other country?	Yes	No
Do you have any current **UNSPENT** police cautions, reprimands or final warnings in the United Kingdom or in any other country?	Yes	No

Privacy Statement

We will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this application form, you consent to Lincolnshire House holding the information contained within this form. If successfully shortlisted, data will also include shortlisting scoring and interview records. We would like to keep this data until the vacancy is filled. (We cannot estimate the exact time period, but we will consider this period over when a candidate accepts our job offer for the position for which we are considering you). When that period is over, we will either delete your data or inform you that we would like to keep it in our database for future roles.

We have privacy policies that you can request for further information. Please be assured your data will be securely stored by the Care Quality and Compliance Lead and only used for the purposes of recruiting for this vacant post.

You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent at any time, please contact the Care Quality and Compliance Lead to discuss.

Declaration

The information in this application form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed. Where applicable, I consent that Lincolnshire House can seek clarification regarding professional registration details.

Print Full Name:			
Signature:		Date:	