Professional Nursing Services Ltd.

25A White Horse Court, North Street, Bishop's Stortford, Herts. CM23 2LD

Telephone 01279 507077
Fax 01279 501031
e-mail pauline@professionalnursingservices.co.uk

DECLARATION OF FULL EMPLOYMENT HISTORY ON

Please complete with **full and accurate** employment history, accounting for any gaps from employment since leaving school at age 16 to present day. Please include any gaps where you have been unemployed, raising a family or travelling and sign the declaration.

Please include where you have had more than one job at any time.

| Name, address, Telephone number of Employer. If not employed during this time, give details. | Hour s | Job title and role | Month | / Year | Please state reasons for leaving from the following: Voluntary Redundancy End of Temporary Contract Other |
|--|-------------|--------------------|-------|--------|--|
| | Per week | | From | То | |
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| DECLARATION OF FULL EMPLOYMENT HISTORY conto | | | | | | | |
|--|-----------|--------------------|--------------|----|--|--|--|
| Name, address, Telephone number of | Hour s | Job title and role | Month / Year | | Please state reasons for leaving from the following: | | |
| Employer. If not | Per | | From | To | nom the following. | | |
| employed during this | week | | | | Voluntary | | |
| time, give details. | | | | | Redundancy | | |
| | | | | | End of Temporary Contract Other | | |
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I declare that I have given Professional Nursing Services a true account of my full employment history, including voluntary work, work placements, further education and that all gaps of employment have been accounted for accurately and truthfully to the best of my knowledge.

I also declare that while working for Professional Nursing Services, I will notify them of any other employment I undertake in writing. I shall also notify Professional Nursing Services if I leave any other employment.

| Cianad | | | |
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| Signea | • | • | • |

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| Print Name | |
|------------|--|
| Date | |