



# 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

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## DECLARATION OF FULL EMPLOYMENT HISTORY

contd.

Name, address, Telephone number of Employer. If not employed during this time, give details.	Hour s Per week	Job title and role	Month / Year		Please state reasons for leaving from the following:  Voluntary Redundancy End of Temporary Contract Other
			From	To	

**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.**

Signed.....

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Print Name.....

Date.....