

EMPLOYMENT APPLICATION FORM

The following information will be treated in the strictest confidence.

POSITION APPLIED FOR	Domiciliary Care Support Worker
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PERSONAL (Please complete this section in BLOCK CAPITALS)

Surname		Name	
Address			
Telephone No		Mobile Tel No	
Current/most recent salary			
Driving Licence	YES <input type="checkbox"/> NO <input type="checkbox"/>	Endorsements	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please give further details including dates.			
Are you involved in any activity which might limit your availability to work or your working hours e.g., local government?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please give full details.			
Are you subject to any restrictions or covenants which might restrict your working activities?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please give full details			

Are you willing to work overtime and weekends if required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Please provide details of when you are able/unable to work:	
Please give details of: <ul style="list-style-type: none"> • Your current work commitments • Your current availability • Any hours you would not wish to work • Any known holiday commitments 	
Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, please give full details	
Have you ever applied for employment with this business before or worked for this business before? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, please give full details	
Date of last CRB check:	
NMC Pin Number	
National Insurance Number	

EDUCATION

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training (Name of Organisation)	Date	Subject	

Please list languages spoken and the level of competence:

EMPLOYMENT DETAILS

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name of previous employer			
Address			
Telephone No		Nature of business	
Job title and a brief description of your duties:			
Reason for Leaving		Length of Service	
From (date):		To (date)	

Name of previous employer			
Address			
Telephone No		Nature of business	
Reason for Leaving		Length of Service	
From (date):		To (date)	

Name of previous employer			
Address			
Telephone No		Nature of business	
Reason for Leaving		Length of Service	
From (date):		To (date)	

PRESENT OR LAST EMPLOYER

Are you currently employed? YES NO

Name of present or last employer			
Address			
Telephone No		Nature of business	
Reason for Leaving		Length of Service	
From (date):		To (date)	

Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths.

REFERENCES

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? YES
NO

Name	
Position	
Address	
Telephone no	
Email address	

Name	
Position	
Address	
Telephone no	
Email address	

SOURCE OF APPLICATION

How did you hear of this vacancy?

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DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

Signature		Date	
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