

EMPLOYMENT APPLICATION FORM

PLEASE COMPLETE IN CAPITALS USING A BLACK PEN

YOUR PERSONAL DETAILS:

Care Home:		Application Date:	Interview Date:	
Title: (Mr, Mrs, Ms, Miss)	Surname:		Previous Name (maiden name etc):	
First Name(s) (In full):		National Insurance Number:		
Home Telephone:		Mobile Telephone:		
Current home address and postcode		Any physical or psychological condition which may limit your ability to perform the duties of the position sought, including history of back or neck injuries or dermatitis? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes what:		
Dates lived at from _____ to _____		(Please describe how you would still be able to carry out the duties detailed in order that we can consider any reasonable adjustments if required)		
Previous home address (if in last 5 years)				
Lived here from _____ to _____		Email Address: (One letter per box)		
Next previous home address (if in last 5 years)				
Lived here from _____ to _____				

THE POSITION SOUGHT:

Position required		Full or part time?	
When will you be available for work? (please detail your notice period)		Will you continue to work elsewhere? (If yes, please detail when and in what capacity)	
Have you worked for us before?		Where did you see the role advertised?	
Have you been recommended by an employee? If so, who?		Do you have a driving license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Do you own a vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you subscribe to the online DBS Update Service? If yes, please provide the DBS Certificate Number			

YOUR EDUCATION:

Schools	From	To	Exams Taken & Results
College/University	From	To	Courses & Results
Further Education	From	To	Courses & Results

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YOUR FULL EMPLOYMENT HISTORY WITH NO GAPS (MOST RECENT FIRST)

(Full work history required. There is no need to duplicate information if you are attaching your CV)

Employers Name, Address & Tel No	Referee's Name <small>(HR, managers name etc)</small>	Start Date <small>(Month and Year)</small>	End Date <small>(Month and Year)</small>	Job Role	Leaving Salary	Reason for Leaving

GAPS IN EMPLOYMENT – Please detail any gaps in employment below

Date from and to	Reason

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YOUR REFERENCES

We must obtain an employment reference from your most recent employer and one other previous employer and a character reference from someone who has known you for 2 or more years.

	Most Recent Employer	Referee 2	Referee 3
Reference Type	<i>Employment</i>	Employment <input type="checkbox"/> Character <input type="checkbox"/>	Employment <input type="checkbox"/> Character <input type="checkbox"/>
Business Name			
Referee's Name*			
Referee's Job Title			
Full Address*			
Contact Number*			
Email Address*			

YOUR DECLARATION:

Do you have any criminal convictions? Yes No
 Are you on the DBS Adult's Barred List? Yes No

If YES, please give details below. Failure to disclose may lead to dismissal. Disclosures will be treated in strict confidence and criminal records will be considered only for recruitment purposes. Employees engaged in 'regulated activity' are exempt from the Rehabilitation of Offenders Act (ROA) 1974 (Exceptions) order 1975 and in the Police Act 1997 (Criminal records). In addition, care roles working with vulnerable adults are specifically included in the Police Act 1997 (Criminal Records) regulations as able to check the appropriate barred lists. Due to the nature of the employment your entitlement to withhold information which for other purposes are 'spent' does not apply. We meet the requirements in respect of exempted questions under this Act. Any offer of employment you receive is strictly subject to our subsequent receipt of satisfactory DBS checks before your appointment is confirmed as permanent. The Disclosure includes cautions, reprimands, final warnings and convictions.

Convictions: _____

If subscribed to the online update service with DBS, I authorise you to complete a status check.
 If not subscribed, the cost of your DBS is £62.80 for care staff or £52.30 for non-care staff and this is your liability. I will repay this cost at £15 per month maximum. (In the instance where an application is withdrawn and we have already paid for the DBS, the cost will be invoiced to the individual. If the employment is terminated prior to the full repayment being made, deductions will be taken from the final salary.)

We require you to provide personal information in order to decide whether to offer you employment. If we do employ you this information will be used to process your employment, if not it will be destroyed

- I agree to the above and authorise you to apply for my DBS check if I accept your job offer and deduct the payments from my monthly wage.
- I give my permission for you to contact current and previous employers and referees.
- I declare that I am physically and mentally fit for the purposes of performing the work offered.
- I declare that the information given in this application is truthful and complete and I understand that employment will be considered subject to these particulars being correct.

Date _____ Signature _____
 To be signed at interview