



Application Form

STRICTLY CONFIDENTIAL

Application for Employment

Please type or complete this form in black ink

POSITION APPLIED FOR	Date of Application ____/____/____
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1 PERSONAL DETAILS

Surname	First names
	Previous Names
Address	Home Telephone No.
Post code	Work Telephone No. Mobile No.
National Insurance Number	
Immigration Details	
Are you a citizen of the EU?	Yes/No
Do you need a work permit?	Yes/No
Current driving licence?	Yes/No
Do you have a car for work use?	Yes/No

2 EDUCATION

Schools/FE/HE attended	Examination Grade	Year Obtained

3 PREVIOUS EMPLOYMENT

A full employment history must be detailed beginning with your current employment and covering all reasons for gaps in any given year.

Date		Employer's name (most recent first)	Position held	Salary & Benefits	Reason for leaving
From	To				

4a Please detail any disciplinary action within the previous 3 years, including any current, "live" formal warnings

4b REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS

- 1. Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)
- 2. The amendments to the Exceptions Order 1975 (2013) provide that certain convictions and cautions are protected and are not subject to disclosure to employers and cannot be taken into account

Do you have any convictions to disclose? YES/NO

Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

Signature:

Date:

Failure to declare or the falsification of any of the above details will result in the withdrawal of any job offer.

5 ADDITIONAL PERSONAL DETAILS

Statement of your personal qualities and any experiences which is relevant to the post

6 REFERENCES

Please give the name and address of two referees, one of whom **must** be your current or most recent previous employer. References from relatives or friends are not accepted.

Name	Status	Address and Telephone No
1.		
2.		
3.		

This organisation seeks to work in a flexible and family friendly manner with its staff, however unsocial hours are part and parcel of a quality care service. Weekend working is a requirement for all staff, the frequency of which will be determined at interview.

Please indicate holiday dates if already booked

Period of notice required in present post

Earliest start date

Thank you for completing this application form.

I declare that to the best of my knowledge, all the information contained and documented herein is complete and truthful.

Signature:

Date:

FOR OFFICE USE ONLY

Applicant shortlisted

Interview Date:

References requested:

Verbal reference check:

Date:

Additional Notes from application

Completed By:

Date:

Equal Opportunities Monitoring

This section of the application will be detached and used for monitoring purposes only. Our organisation recognises and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect in line with the Equality Act 2010 legislation. We welcome applications from all sections of the community.

Date of Birth:	
Gender	<input type="checkbox"/> <input type="checkbox"/> Male <input type="checkbox"/> <input type="checkbox"/> Female <input type="checkbox"/> <input type="checkbox"/> I do not wish to disclose this

Race Relations (Amendment) 2000

I would describe my ethnic origin as (please indicate with a):

Asian or Asian British <input type="checkbox"/> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> <input type="checkbox"/> Indian <input type="checkbox"/> <input type="checkbox"/> Pakistani <input type="checkbox"/> <input type="checkbox"/> Any other Asian background Black or Black British <input type="checkbox"/> <input type="checkbox"/> African <input type="checkbox"/> <input type="checkbox"/> Caribbean <input type="checkbox"/> <input type="checkbox"/> Any other Black background	Mixed Raced <input type="checkbox"/> <input type="checkbox"/> White & Asian <input type="checkbox"/> <input type="checkbox"/> White & Black African <input type="checkbox"/> <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> <input type="checkbox"/> Any other missed background White <input type="checkbox"/> <input type="checkbox"/> British <input type="checkbox"/> <input type="checkbox"/> Irish <input type="checkbox"/> <input type="checkbox"/> Any other white background	Other Ethnic Group <input type="checkbox"/> <input type="checkbox"/> Chinese <input type="checkbox"/> <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> <input type="checkbox"/> I do not want to disclose this
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Please select the option which best describes your sexuality.

Please indicate your religion or belief

<input type="checkbox"/> <input type="checkbox"/> Lesbian <input type="checkbox"/> <input type="checkbox"/> Gay <input type="checkbox"/> <input type="checkbox"/> Bisexual <input type="checkbox"/> <input type="checkbox"/> Heterosexual	<input type="checkbox"/> <input type="checkbox"/> I do not wish to disclose this	<input type="checkbox"/> <input type="checkbox"/> Atheism <input type="checkbox"/> <input type="checkbox"/> Buddhism <input type="checkbox"/> <input type="checkbox"/> Christianity <input type="checkbox"/> <input type="checkbox"/> Islam <input type="checkbox"/> <input type="checkbox"/> Jainism <input type="checkbox"/> <input type="checkbox"/> Sikhism	<input type="checkbox"/> <input type="checkbox"/> Judaism <input type="checkbox"/> <input type="checkbox"/> Hinduism <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> I do not wish to disclose this
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Health Questionnaire

(To be used for those applicants that have been deemed appointable).

To comply with the Equality Act 2010, please complete this questionnaire as fully as possible. Failure to do so could impede or delay your appointment. All information is confidential.

Have you ever had or suffered from?	Circle Yes or No
Epilepsy/Blackouts	Yes/No
Nervous Mental Disorders	Yes/No
Migraine/Headaches	Yes/No
Sensory Impairment	Yes/No
Skin Allergies	Yes/No
Back pain/Previous Back Injury	Yes/No
Heart Condition	Yes/No
Asthmatic or respiratory ailments	Yes/No
Recurring Incidence of Illness	Yes/No

Are you registered disabled? If yes, please detail	Yes/No
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Please List Below any Periods spent Outside of the United Kingdom as a Resident (do not include holidays)

- 1
- 2
- 3

Please List below any vaccinations or immunisations

Date
Immunisation
Expiry

Date
Immunisation
Expiry

Date
Immunisation
Expiry

Date
Immunisation
Expiry

I declare that the information given is correct to the best of my knowledge. In my view, I am fit physically and mentally to undertake this post. I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give the employer the right to investigate all references.

Signature:

Date: