STRICTLY CONFIDENTIAL

Application for Employment

Please type or complete this form in black ink

|  |  |
| --- | --- |
| Position Applied For | Date of Application |
|  |  |

**1. PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | First names |  |
| Address & Postcode | | Previous Names |  |
|  | | Home Telephone No. |  |
| Work Telephone No. |  |
| Mobile No. |  |
| National Insurance Number | |  | |
| **Immigration Details** | | | |
| Are you a citizen registered under the EU settlement scheme? | | 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**

**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. Alternate weekend working is a requirement for all staff.

|  |  |
| --- | --- |
| 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**

Yes/No

Application completed

Yes/No

Full employment history?

**Notes for interview**

|  |  |  |  |
| --- | --- | --- | --- |
| 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.  (Please indicate with an X) | Male  Female  Non-binary  I do not wish to disclose this |

**`Race Relations (Amendment) 2000**

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

|  |  |  |
| --- | --- | --- |
| **Asian or Asian British**  Bangladeshi  Indian  Pakistani  Any other Asian background  **Black or Black British**  African  Caribbean  Any other Black background | **Mixed Raced**  White & Asian  White & Black African  White & Black Caribbean  Any other missed background  **White**  British  Irish  Any other white background | **Other Ethnic Group**  Chinese  Any other ethnic group  I do not want to disclose this |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please select the option which best describes your sexuality. | Bisexual  Heterosexual  Lesbian  Gay  I do not wish to disclose this | Please indicate your religion or belief | Atheism  Buddhism  Christianity  Islam  Jainism  Sikhism | Judaism  Hinduism  Other  I do not wish to disclose this |

**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?  Epilepsy/Blackouts  Nervous Mental Disorders  Migraine/Headaches  Sensory Impairment  Skin Allergies  Back pain/Previous Back Injury  Heart Condition  Asthmatic or respiratory ailments  Recurring Incidence of Illness | Circle Yes or No  Yes/No  Yes/No  Yes/No  Yes/No  Yes/No  Yes/No  Yes/No  Yes/No  Yes/No |

|  |  |
| --- | --- |
| Are you registered disabled?  If yes, please detail | Yes/No |

|  |
| --- |
| Please List Below any Periods spent Outside of the United Kingdom as a Service User (do not include holidays)  1  2  3 |

|  |
| --- |
| Please List below any vaccinations or immunisations  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: |  |