

“With our Hands & Hearts, We Care”  
  
CONFIDENTIAL APPLICATION FOR EMPLOYMENT

Date application was given: Start date: (office use only)  
Date application was returned: Shadow shift:

**Personal Details** (Please complete fully using black ink)

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| --- | --- |
| Surname: | Forename (s): |
| Address:  Postcode:  NI: | Telephone:  Home:  Mobile:  Email Address: |
| Do you have any conditions which may affect your ability at attend an interview/assessment or impact upon your ability to do the job role?  Yes / No Signature……………………………  If yes please give details below: | |

**Employment Details**

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| Position applied for: |
| If offered this position, would you be willing to work in another capacity within the company? Office ( ) Community ( ) Care Home ( ) |
| What date will you be available to start work? |

**Permission to work in the U.K**

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| Are you eligible to work in the UK? YES / NO |
| Please note **DOCUMENTARY EVIDENCE** will be required and by submitting this application form you hereby give express consent that your documents may be held as long as is relevant for work purposes and may be passed to Government Departments for verification as necessary |

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| **Previous Employment (Starting with most recent)** | | | | |
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| Employer's name and address: | | | | |
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|  | | | Date commenced: | |
|  | | | Date Leaving: | |
|  | | | Notice Period: | |
|  | | | Salary/Wage £: | |
| Main duties and responsibilities: | | | | |
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| Reasons for leaving or wanting to leave above employment: | | | | |
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| **Please provide your full employment history since leaving full time education, ensure any gaps in your employment history are accounted for i.e. Travelling, stay at home parent, unemployed (with dates)** Please continue on a separate sheet that is enclosed. | | | | |
| Start Date  DD/ MM/ YYYY | Finish Date  DD/ MM/ YYYY | Name, location and nature of employers’ business | Position held | Reason for leaving |
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| **Education** (give details of all that you consider significant in your education or professional training) | | | | |
| Start Date:  DD/MM/YYYY | Finish Date:  DD/ MM/ YYYY | Name of Education Institution | Qualification | Grade |
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**General information**

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| Have you ever worked for this company before? Yes / No  If yes, please give details including dates: |
| Do you have any contacts within the Company? Yes / No  If yes, please declare here: |
| Do you hold a current Driving Licence? Yes / No  If yes, do you have: Own car ( ) Regular use of a car ( ) licence but no car ( )  Please list any penalty points if applicable: |
| **Disclosure and Baring Service:**  The work for which you are applying is excluded from the operation of section 4 (2) of the Rehabilitation of Offenders Act. You should therefore state on your application any convictions you have, spent or not. If you fail to provide any of these details and are employed, the omission may lead to your dismissal. Any information given will be treated as strictly confidential. The information will be considered only in relation to posts which are excluded from the operation of the 1974 Act by the Rehabilitation of Offenders Act 1974 (exemption) order.  Have you any criminal convictions or pending convictions? Yes / No  If yes, please give details below:  Signature…………………………………….. |

**References**Please list **4** References, one of your most recent employer. Please state if any are for a character reference.

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| **Name of company:** |  |
| Name: | Position: |
| Address: |  |
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| Telephone Number: |  |
| Email Address: |  |
| Length of time known: |  |
| Capacity known: |  |
| Can we contact this referee before a job offer is made? Yes/ No | |
| **Name of company:** |  |
| Name: | Position: |
| Address: |  |
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| Telephone Number: |  |
| Email Address: |  |
| Length of time known: |  |
| Capacity known: |  |
| Can we contact this referee before a job offer is made? Yes/ No | |
| **Name of company:** |  |
| Name: | Position: |
| Address: |  |
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| Telephone Number: |  |
| Email Address: |  |
| Length of time known: |  |
| Capacity known: |  |
| Can we contact this referee before a job offer is made? Yes/ No | |
| **Name of company:** |  |
| Name: | Position: |
| Address: |  |
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| Telephone Number: |  |
| Email Address: |  |
| Length of time known: |  |
| Capacity known: |  |
| Can we contact this referee before a job offer is made? Yes/ No | |

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| Care At Home wants to meet the aims and commitments set out in our Equal Opportunities policy. This includes not discriminating under the Equality Act 2010. The information you provide will remain confidential, to be stored securely and used for monitoring purposes only. | | | | | | | | | |
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| **White:** | |  |  |  | **Mixed:** |  |  |  |  |
| British |  |  |  |  | White and Black Caribbean | | |  |  |
| Irish |  |  |  |  | White and Black African | |  |  |  |
| Other White |  |  |  |  | White and Asian | |  |  |  |
|  |  |  |  |  | Other Mixed |  |  |  |  |
| **Asian or Asian British:** | |  |  |  |  |  |  |  |  |
| Indian |  |  |  |  |  |  |  |  |  |
| Pakistani |  |  |  |  | **Black or Black British:** | |  |  |  |
| Bangladeshi |  |  |  |  | Black Caribbean | |  |  |  |
| Other Asian |  |  |  |  | Black African | |  |  |  |
|  |  |  |  |  | Other Black |  |  |  |  |
| **Chinese or other Ethnic Group:** | | |  |  |  |  |  |  |  |
| Chinese |  |  |  |  |  |  |  |  |  |
| Other Ethnic Group | |  |  |  |  |  |  |  |  |

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| Please read this carefully before Agreeing and submitting your application.  I confirm that the information given on this form is, to the best of my knowledge, true and complete. I understand and agree that any misrepresentation by me on this application form will be sufficient cause for cancellation of this application and/or termination from the employer’s service if I am employed.  It is Care at Homes policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, ethnic origin, nationality, sex, sexual orientation, religion or belief, pregnancy, trans-gender status, marital or civil partnership status, age or disability.  I understand that the declarations will include details of any criminal convictions, cautions, reprimands and final warnings and any other information that may have a bearing on my suitability for the post. I understand that an enhanced disclosure will be sought in the event of a successful application.    I give the employer the right to investigate all the references and to secure additional information about me if job related. I release liability from the employer and its representatives for seeking such information and all other persons, corporations or organisations for such information.  You should be assured that any information given is kept confidential. The Data Protection Act requires that personal information obtained and processed, is done fairly, lawfully and is only disclosed in appropriate circumstances, is accurate, relevant and not held longer than necessary and is kept securely. By signing this application for employment form, I give my permission for Care At Home to keep my personal information on file for as long as is relevant.    Applicant’s Signature………………………… Date / / |

**Equal Opportunities  
  
Declaration**

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| From Date:  DD/ MM/ YYYY | To Date:  DD/ MM/ YYYY | Comments |
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**Additional Information**