



"With our Hands & Hearts, We Care"

## Application Form

Please complete fully using BLOCK CAPITALS in black ink

Position applied for:

Date available to start work:

Date application was given:

Date application was returned:

### Personal Details

Surname:

Forename(s):

NI Number:

Address:

Post code:

Phone/mobile:

Email Address:

Are you eligible to work in the UK? YES / NO

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:

Do you have any conditions which may affect your ability to attend and interview/assessment or complete your job role? YES / NO (if yes please describe below)

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.

Care at Home, Innovation Centre, Newport, Isle of Wight, PO30 5WB

Tel: 01983 216400

Email: [info@careathomeiow.co.uk](mailto:info@careathomeiow.co.uk) [www.careathomeiow.com](http://www.careathomeiow.com)

## Employment History

Please provide your full employment history since leaving full time education

Current/ Most recent Employer:

Employer Name:	Start Date:	Leaving Date:
Address:	Role and Responsibilities:	
Phone:	Reason for Leaving:	
Email:		

Previous Employer:

Employer Name:	Start Date:	Leaving Date:
Address:	Role and Responsibilities:	
Phone:	Email:	

Previous Employer:

Employer Name:	Start Date:	Leaving Date:
Address:	Role and Responsibilities:	
Phone:	Email:	

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Extra Employment Details:

Employer	Start Date	Leaving Date	Position Held	Reason for Leaving

Please give reason for any gaps of employment in the box below:

**Relevant Education**

Please give details of any training or education you deem relevant to this application

Institution	Course	Qualification	Grade	Date Obtained
<i>Example: HTP</i>	<i>Health and social care</i>	<i>NVQ Level 5</i>	<i>PASS</i>	<i>01/08/2018</i>

**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.

**Do you have any criminal convictions or pending convictions? Yes / No**

If yes, please give details below:

Signature.....

Date.....

## References

Please list **3** References, the first **must** be your most recent employer.

For character references please state the individual's relationship to you.

All fields **must** be completed in full.

<b>Type of Reference:</b> (Please circle)	<b>Employer</b>	<b>Character</b>
<b>Contact Name:</b>	<b>Relation to you:</b>	
<b>Company name:</b>	<b>Position:</b>	
<b>Email:</b>		
<b>Telephone:</b>	<b>Mobile:</b>	
Address:		
Length of time known:		
Do you consent to us obtaining this reference?		Yes/ No
Can we contact this referee before a job offer is made?		Yes/ No

<b>Type of Reference:</b> (Please circle)	<b>Employer</b>	<b>Character</b>
<b>Contact Name:</b>	<b>Relation to you:</b>	
<b>Company name:</b>	<b>Position:</b>	
<b>Email:</b>		
<b>Telephone:</b>	<b>Mobile:</b>	
Address:		
Length of time known:		
Do you consent to us obtaining this reference?		Yes/ No
Can we contact this referee before a job offer is made?		Yes/ No

<b>Type of Reference:</b> (Please circle)	<b>Employer</b>	<b>Character</b>
<b>Contact Name:</b>	<b>Relation to you:</b>	
<b>Company name:</b>	<b>Position:</b>	
<b>Email:</b>		
<b>Telephone:</b>	<b>Mobile:</b>	
Address:		
Length of time known:		
Do you consent to us obtaining this reference?		Yes/ No
Can we contact this referee before a job offer is made?		Yes/ No

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## Declaration

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, transgender 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.

All information provided is kept confidential by Care at Home. General Data Protection Regulations require 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 Signed:     /     /

## Equal Opportunities – voluntary information

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.

### Gender:

Male  Female  Prefer not to say

### Age:

Under 18  18-30  31-45  46-60  61-75  75+

Prefer not to say

### Sexual Orientation:

Heterosexual  Homosexual  Bisexual  LGBTQ

Prefer not to say

**Ethnicity:**

<b>White:</b>		<b>Mixed:</b>	
British	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Other White	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
		Other Mixed	<input type="checkbox"/>
<b>Asian or Asian British:</b>			
Indian	<input type="checkbox"/>		
Pakistani	<input type="checkbox"/>	<b>Black or Black British:</b>	
Bangladeshi	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>	Black African	<input type="checkbox"/>
		Other Black	<input type="checkbox"/>
<b>Chinese or other Ethnic Group:</b>			
Chinese	<input type="checkbox"/>		
Other Ethnic Group	<input type="checkbox"/>		