**Fountain Care Services Ltd**

**Application Form**

**Position applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full/Part Time**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Days & Hours Available To work** | **Sun** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** |
| **Days** |  |  |  |  |  |  |  |
| **Nights** |  |  |  |  |  |  |  |

**Personal Details**

|  |  |
| --- | --- |
| **Title & Forename:** | **Address:**  **Post Code:** |
| **Surname:** |
| **Any Previous name(s):** |
| **Nationality:** |  |
| **National Insurance Number:** |  |
| **Contact Telephone Number:** |  |
| **When would you be available to start work?** |  |

**Rehabilitation of Offenders (Exclusion)**

**Have you ever been convicted of a criminal offence whether spent or current under the Rehabilitation of Offenders Act 1984?**

**YES / NO**

**If YES provide details: ………………………………………………………………………**

**…………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………**

**Signed: Print Name: Date:**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **Do you have the right to work in the UK?** |  |  |
| **If YES and you have a share code, please provide this:** | | |
| **Do you hold a current DBS certificate which is on the update service?** |  |  |
| **If YES please provide your DBS certificate number:** | | |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **Do you hold a current driving license?** |  |  |
| **Do you own a car?** |  |  |
| **Have you previously been employed at Fountain Care Services?** |  |  |
| **Do you have any relatives working for Fountain Care Services?** |  |  |
| **If offered this position, will you continue to work with any other employer?** |  |  |

|  |  |
| --- | --- |
| **Emergency Details** |  |
| **Name:**  **Relationship:**  **Telephone Number:** | **Doctor’s Name:**  **Address:**  **Telephone Number:**  **NHS No:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Education** | | | | | |
| **Secondary School & Further Education** | **From** | **Until** | **Examinations & Results** | | |
|  |  |  |  | | |
| **Professional Membership/Specialist Training/Qualifications** | | | | | |
| **Qualification/Course** | **Training Organisation** | | | **From** | **Until** |
|  |  | | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employment History Please list below present and past employers from age 16. Beginning with your most recent employer, use a separate sheet of paper if necessary. If any gaps, please explain.** | | | | |
| **Name & Address of Employer** | **From/To** | **Job Title & Responsibilities** | **Salary** | **Reason For Leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Kindly outline the skills and experiences acquired from paid employment, as well as other work, activities, and interests that you believe are relevant to the position which you are applying for:** |

|  |
| --- |
| **Any interests or hobbies?** |

**Please provide details of one character reference and two professional references which we can contact. Please note one of the below should be your present or most recent employer.**

1. **Character Reference**

**Name:**

**Tel:**

**Email:**

1. **Professional Reference**

**Name:**

**Tel:**

**Email:**

1. **Professional Reference**

**Name:**

**Tel:**

**Email:**

**Vaccination**

**Have you taken any vaccinations? YES / NO**

**If YES please list below what type and when taken:**

**I declare that the information within this application form is true to the best of my knowledge. I acknowledge that if any information is later found to be false or misleading, the company reserves the right to withdraw any employment offer or terminate my employment without compensation.**

**Signature:**

**Print Name:**

**Date:**

|  |  |
| --- | --- |
| **Internal Use Only** | |
| **Decision:** | **Reason:** |
| **Job Title:** | **Hours:** |
| **Pay Location:** | **Rate of Pay:** |
| **Start Date:** | **Signed:** |

**Additional Comments**

**References**