**STRICTLY CONFIDENTIAL Application for Employment**

**Personnel: Application Form**

Please type or complete this from in black ink

**Position Applied For:**   **Date of Application:**

**1 Personal Details**

|  |  |
| --- | --- |
| NAME: |  |
| ADDRESS: |  |
| HOME PHONE NUMBER: |  |
| WORK PHONE NUMBER: |  |
| MOBILE PHONE NUMBER: |  |
| NI NUMBER: |  |
| ARE YOU A UK CITIZEN? |  |
| ARE YOU A CITIZEN OF THE EU? |  |
| DO YOU NEED A WORK PERMIT? |  |
| IMMIGRATION DETAILS: |  |
| DO YOU HAVE A FULL UK DRIVING LICENSE? |  |
| WILL YOU BE USING YOUR OWN CAR TO AND FROM WORK? |  |

**Next of Kin:**

**Relationship to you:**

**Address:**

**Phone Number:**

Please provide the past 5 years of your employment history. Beginning with your current employer and any reasons for a gap in employment

**2 Previous Employment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | | Employer  (Most Recent First) | Position  Held | Salary  &  Benefits | Reason For Leaving |
| From | **To** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Because of the nature of the work involved, the post for which you are applying is exempt from section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exempt Order 1975). This means you are not entitled to withhold information relating to any convictions you may have had.

**3 Rehabilitation Of Offenders Act 1974 – Notice to Offenders**

**Do you have any convictions to disclose? Yes/No**

**Signature: Date:**

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

**4 Additional Personal Details**

**Outside interests, leisure time activities and other personal information which you think may assist us in evaluating your application.**

**Please give the name and address of two referees, one of whom must be your present employer, or your previous employer.**

**5 References**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Position | Address | Contact Details |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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 position:**

**Earliest start date:**

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 regardless of race, gender, disability, age, sexual orientation, religion or belief. We welcome applications from all sections of the community.

**6 Equal Opportunities**

**Date of Birth:**

**Gender:** Male: Female: Prefer Not to Say:

**Please describe your Ethnic Origin or if you’d rather not disclose please tick the box**

Prefer Not to Say:

**Please describe your Sexual Orientation or if you’d rather not disclose please tick the box**

Prefer Not to Say:

**Please describe your Religious belief if any. If you’d rather not disclose please tick the box**

Prefer Not to Say:

**Do you consider yourself to have a disability? Yes/No**

**If yes please give more information:**

I

In order to comply with the Health and Social Care Act 2008 and 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.

**7 Health Questionnaire**

|  |  |
| --- | --- |
| Have you ever had or suffered from: | Circle Yes or No |
| Epilepsy/Blackouts | **Yes/No** |
| Nervous Mental Disorder | **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** |

**Please list below any periods of time outside the UK as a resident (do not include holidays)**



**Please list below any vaccinations or immunisations**

|  |  |  |
| --- | --- | --- |
| 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:**

Applicant Shortlisted: Yes/No

**For Office Use Only**

Interview Date:

References Requested:

Verbal Reference Check: Yes/No Date:

**Additional Notes from Application**

Application Completed: Yes/No

Full Employment History? Yes/No

**Notes for Interview**

**Completed By: Date:**