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| APPLICATION FOR EMPLOYMENT |
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| *The application form is the main way we decide whether or not to invite you to an interview. It is important that you give the best overall impression of yourself.* |

* Read all of the form first so that you understand what information is requested and how to complete the form.
* Insert an X in question boxes that do not require a written answer.

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| **You are applying for the post of:** | **COMPANION**  |
| **PERSONAL DETAILS** |
| **Forename(s):** |  |
| **Surname(s):** |  |
| **Daytime Tel No:**  |  |
| **Home Tel No:**  |  |
| **Address:** |  |
| **Postcode:** |  |
| **Email address:** |  |
| **National Insurance Number:** |  |  |  |  |  |  |  |  |  |

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| **DRIVING LICENCE** |
| **Please give the following information.** |
| Do you hold a valid Driving Licence?  | **Yes** |  **No** |
| Do you have access to a car? | **Yes** |  **No** |
| Do you hold Business Insurance? | **Yes** |  **No** |
| If not, would you be prepared to obtain this? | **Yes** | **No** |

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| * We are interested in any relevant skills and knowledge you may have, whether gained in employment or outside the workplace, so please include any unpaid, voluntary work, or other roles you may have had.
* Remember to describe **your work or role**, as it is **you** we are interested in, not the team or business you were part of.
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| **PRESENT OR MOST RECENT EMPLOYMENT:** |
| **Post Title:**  |  |
| **Name of Employer:** |  |
| **Employer’s Address:** |  |
| **Dates Employed:** | ***From:*** |  | ***To:*** |  |
| **Salary:** | **£** |
| **Reason for Leaving:** |
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| **Duties/Responsibilities/Experience Gained:** |
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| **Notice Period Required:** |  |

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| **PREVIOUS EMPLOYMENT, VOLUNTARY WORK OR PERSONAL EXPERIENCE** Please list in date order, most recent first. |
| **Date(s)** | **Employer’s Name/Address:** | **Post Title:** |
| **From:** | **To:** | ***Duties/responsibilities/experience gained & reason for leaving:*** |
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| **EDUCATION, QUALIFICATIONS AND TRAINING** |
| Please give details of any courses/training, vocational or professional qualifications relevant to this application whether or not it led to a qualification. |
| **Course Title** | **Qualification or Result** | **Study Method****(eg: part-time/full-time/college, home study)** | **Course Duration** |
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| **CRIMINAL CONVICTIONS** |
| Do you have any criminal convictions or pending charges? | **Yes** | **No** |
| Are you a member of the PVG Scheme? | **Yes** | **No** |
| **If yes**, which vulnerable group(s) are you a PVG member for?If you are unsure which vulnerable group you are a member for, you can contact Disclosure Scotland directly via 03000 200 040 or email response@disclosurescotland.gov.scot |
| PVG Group(please circle): | Children | Adults | Both |
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| **SUPPORTING INFORMATION**  |
| **Please use this section to include any other information that may support your application for employment:** |
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| **continue on a separate sheet if required.** |

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| **REFERENCES:** |

* Please ensure that you have sought agreement from your referees before submitting their details. Referees **must not** be relations or friends.
* Two references are required.
* If you have been previously employed, you **must** provide references from employers within the past 3 years, one of which **must be** your last employer.
* If you have been out of the labour market for some time, you **must** provide a reference from your last employer.
* If you have not previously been in employment you **must** provide a reference from an appropriate person (course leader or a manager that has known you in an organisation).
* If you are coming straight from education, you **must** provide a reference from your Head Teacher or Course Tutor.

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| **REFEREE 1 – Current or most recent employer:** |
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| Name: |  | Organisation: |  |
| Position: |  | Address: |  |
| Time Known: |  |
| Email Address: |  |
| Contact Tel No: |  |
|  |  |  |  |
| Can we contact him or her now? | Yes |  | No |  |
|  |  |  |  |
| **REFEREE 2 – Current or most recent employer:** |
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| Name: |  | Organisation: |  |
| Position: |  | Address: |  |
| Time Known: |  |
| Email Address: |  |
| Contact Tel No: |  |
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| Can we contact him or her now? | Yes |  | No |  |

**DECLARATION**

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| *I declare that the information I have given in all the pages of this Application Form is correct. I understand that by giving false information, or withholding information that may be relevant, I may be excluded from the recruitment process or dismissed if appointed to the post.*  |
| Signature (Initial/Last Name):  | Date:  |

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| **Please provide information on your availability for work (days/times/area).** |
| ***DAYS*** | ***TIMES*** |
| **Monday** |  |
| **Tuesday** |  |
| **Wednesday** |  |
| **Thursday** |  |
| **Friday** |  |
| **Saturday** |  |
| **Sunday** |  |
| **Please state the maximum amount of hours you are available per week:** |  |
| **Please provide what area(s) or location(s) you are able to work:** |
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| **Please provide any other relevant information ie hobbies and interests:** |
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| **Some of our clients may have a physical disability and use a wheelchair. Are you able to push a wheelchair?** This question does not affect the possibility of being interviewed and prospectively given employment with us. | **Yes** | **No** |
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***Please return completed forms to:***

***Ageless Companions Ltd, West Bridge Mill, Bridge Street, Kirkcaldy or email enquiries.agelesscompanions@outlook.com***