



About Care Services

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APPLICATION FOR EMPLOYMENT

STRICTLY CONFIDENTIAL - Please complete in Black Ink.

POSITION APPLIED FOR	DATE OF APPLICATION
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PERSONAL DETAILS

Mr/Mrs/Ms/Miss	SURNAME:
FIRST NAMES:	PREVIOUS NAMES:
ADDRESS:	TEL NO (HOME):
POSTCODE:	MOBILE:
NATIONAL INSURANCE NUMBER:	EMAIL:
NEXT OF KIN:	RELATIONSHIP:
NEXT OF KIN ADDRESS:	
TEL NO:	

AVAILABILITY

Are you eligible for employment within the UK?	YES / NO	Do you have a current work permit?	YES / NO
Do you hold a current driving licence?	YES / NO	Do you own a car?	YES / NO
Period of notice required		Date available for work	
Area or distance you are willing to travel			
Please indicate your work availability (hours per day, days per week).			



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OTHER INFORMATION

Languages (please state any which you are proficient)	
If you consider yourself as having a disability, is there any support you would require to attend for interview? Please specify (eg wheelchair, accessible rooms, etc)	

EDUCATION

Education / College	Dates from - To	Date Qualification Obtained	Certificate or Registration Number

Further information / Qualifications

Please provide further information in support of your application (i.e. relevant courses attended / qualifications). Continue on a separate sheet if necessary.

To the best of my knowledge the replies given are true, and I understand that false information knowingly given may result in my immediate dismissal.

Signed: _____ **Date:** _____



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EMPLOYMENT RECORD

**Most recent first.*

Applications will not be processed unless employment record completed in full. Please include all employment and gaps in employment citing reasons.

Please continue on separate sheet is necessary.

Employer's Name, Address & Tel no	Date From	Date To	Brief Description of Duties	Reason for leaving

HEALTH SCREENING

The appointment of any post at this agency is subject to satisfactory health screening. You will therefore be asked to complete a Declaration of Health and may be asked to undertake a medical examination if successful.



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ADDITIONAL PERSONAL DETAILS

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

WHAT WOULD MAKE YOU SUITABLE FOR THIS ROLE?

Tell us about you and any experience



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REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS

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 (Exemption Order 1975).

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order (as amended in 2013)?

Do you have any convictions to disclose YES / NO

If yes please give details:

Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

Signed: **Date:**



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REFERENCES

Please give name. Address and telephone number of two referees, one must be previous/current employer.

1. Name and Address: Present/last employer	2. Name and Address:
Relationship to you:	Relationship to you:
Tel No:	Tel No:
Email:	Email:
Can we approach prior to interview? YES / NO	Can we approach prior to interview? YES / NO
Date requested:	Date requested:
Requested by:	Requested by:
Method:	Method:
Received on:	Received on:
Received by:	Received by:
Verified:	Verified:

I declare that I have no other business interests that would affect my work with About Care Services and the information provided is correct.

Signature: _____ Date: _____

The form when completed must be returned to:

THE MANAGER
About Care Service
Whitehouse Distribution Centre
Whitehouse Road
Ipswich
Suffolk
IP1 5NX

Tel: 01473 741286
Email: aboutcaremanager@mail.co.uk