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| **APPLICATION FOR EMPLOYMENT** |  |

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| PRIVATE & CONFIDENTIAL **Return this form to: COMMUNITY CARE DIRECT LIMITED**  **86-90 Eastbank Street**  **SOUTHPORT**  **MERSEYSIDE PR8 1EF**  **POSITION APPLIED FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| Surname: | Forename(s): | | Title: | |
| Address:  Postcode: |  | |  | |
| Telephone No (Home): |  | Telephone No (Mobile): | |  |
| E-mail address: | | | | |
| Date of Birth: | National Insurance Number: | | | |
| Current Driving Licence? Yes / No  Groups: Expiry Date: | Details of any  Endorsements: | | | |
| Access To A Car? Yes / No |  | | | |
| Are there any restrictions on you taking up work in the UK? Yes/No(If yes please provide details) | Yes No | | | |

## EDUCATION HISTORY

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| Schools/Colleges/University Qualifications Gained |
| Colleges/University Qualifications Gained |
| Other Training |

## OTHER EMPLOYMENT

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| Please note any other employment you would continue with if you were to be successful in obtaining this position. |

**EMPLOYMENT HISTORY (Please complete in full using a separate sheet if necessary, starting with your most recent employment and ending when you left school. Give reasons for any gaps in employment)**

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| --- | --- | --- | --- | --- | --- |
| FROM | TO | NAME & ADDRESS OF EMPLOYER | JOB TITLE & DUTIES | RATE OF PAY | REASON FOR LEAVING |
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**Continued…………..**

**EMPLOYMENT HISTORY (Please complete in full using a separate sheet if necessary, starting with your most**

**recent employment and ending when you left school. Give reasons for any gaps in employment)**

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| FROM | TO | NAME & ADDRESS OF EMPLOYER | JOB TITLE & DUTIES | RATE OF PAY | REASON FOR LEAVING |
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# REFERENCES

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| Please provide details of two referees who can provide information relating to your competency in a caring role, one of whom must be your present or most recent employer (referees for qualified Nurses must be professionals). If you are a student, please give an academic referee. If you are applying for a post which requires unsupervised access to children/vulnerable adults, we reserve the right to approach any past employer for a reference. | | | |
| 1. | Name: | 2. | Name: |
|  | Position: |  | Position: |
|  | Organisation: |  | Organisation: |
|  | Address:  Postcode: |  | Address:  Postcode: |
|  | Tel No. |  | Tel No. |
|  | May we approach the above prior to interview? Yes/No |  | May we approach the above prior to interview? Yes/No |
|  | Email Address to contact |  | Email Address to contact |

# LEISURE

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| Please note here your leisure interests, sports and hobbies, or other pastimes, etc. |

# CRIMINAL RECORD

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| Please note any criminal convictions except those “spent” under the Rehabilitation of Offenders Act 1974. If none, please state. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.  Yes / No |
| Signed |
| **GENERAL COMMENTS**  Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the person specification). |

**HEALTH DETAILS**

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| Do you have a physical or mental impairment which has a substantial and long-term effect on your ability to carry out day to day activities?  Yes No  Please specify any special arrangements for work associated with any impairment-  Please specify any special arrangements you will need to attend an interview - |
| Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer. |
| Please list any form of medicine, drugs or treatment you are currently and/or regularly receiving. |
| Please list all absences from work in the past 12 months and the reasons for such absences. |

**DECLARATION (Please read carefully before signing this application)**

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| 1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. 2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves right the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act. 3. I agree that my previous employers may be approached for references. I also agree that should I be successful in this application, I agree to Community Care Direct Ltd to apply to the Criminal Records Bureau/Scottish Criminal Records Office for an enhanced disclosure. I understand that should the disclosure or reference not be satisfactory, any offer of employment may be withdrawn or my employment terminated.   Signed: …………………………………………………………………………………………..  Date: …………………………………………………………………………………………….. |