**Personnel: Application Form**

STRICTLY CONFIDENTIAL Application for Employment

Please type or complete this form in black ink

|  |  |
| --- | --- |
| POSITION APPLIED FOR | Date of Application  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_ |

**1 PERSONAL DETAILS**

|  |  |
| --- | --- |
| Surname | First names |
| Previous Names |
| Address  Post code | Home Telephone No. |
| Work Telephone No. |
| National Insurance Number | Mobile No. |
| Immigration Details |  |
| Are you a citizen of the EU? | Yes/No |
| Do you need a work permit? | Yes/No |
| Current driving licence? | Yes/No |
| Do you have a car for work use? | Yes/No |

**2 EDUCATION**

|  |  |  |
| --- | --- | --- |
| Schools/FE/HE attended | Examination Grade | Year Obtained |
|  |  |  |

# **3 PREVIOUS EMPLOYMENT**

**A full employment history since leaving school must be detailed beginning with your current employment, and covering all reasons for gaps in any given year.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | | Employer’s name (most recent first) | Position held | Salary & Benefits | Reason for leaving |
| From | To |
|  |  |  |  |  |  |

**4 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). This means that you are not entitled to withhold information relating to any convictions you may have had.  Do you have any convictions to disclose? YES/NO  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. |

## Signature: Date:

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

# **5 ADDITIONAL PERSONAL DETAILS**

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

**6 REFERENCES**

|  |  |  |
| --- | --- | --- |
| Please give the name, email address and telephone number of three referees, one of whom ***must*** be your present employer, or your previous employer. | | |
| Name | Status | Email Address and Telephone No |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

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 post**

**Earliest start date**

Thank you for completing this application form.

I declare that to the best of my knowledge, all of the information contained and documented herein is complete and truthful.

Signature:

Date:

***FOR OFFICE USE ONLY***

Yes/No

Applicant shortlisted

/ /

Interview Date:

/ /

References requested:

/ /

Yes/No

Verbal reference check: Date:

**Additional Notes from application**

Yes/No

Application completed

Yes/No

Full employment history?

**Notes for interview**

/ /

**Completed By: Date:**

**Equal Opportunities Monitoring**

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.

|  |  |
| --- | --- |
| Date of Birth: |  |
| Gender | Male  Female  I do not wish to disclose this |

**Race Relations (Amendment) 2000**

I would describe my ethnic origin as (please indicate with a ):

|  |  |  |
| --- | --- | --- |
| **Asian or Asian British**  Bangladeshi  Indian  Pakistani  Any other Asian background  **Black or Black British**  African  Caribbean  Any other Black background | **Mixed Raced**  White & Asian  White & Black African  White & Black Caribbean  Any other missed background  **White**  British  Irish  Any other white background | **Other Ethnic Group**  Chinese  Any other ethnic group  I do not want to disclose this |

**Employment Equality Regulations 2003**

Please select the option which best Please indicate your religion or belief describes your sexuality.

|  |  |  |  |
| --- | --- | --- | --- |
| Lesbian  Gay  Bisexual  Heterosexual | I do not wish to disclose this | Atheism  Buddhism  Christianity  Islam  Jainism  Sikhism | Judaism  Hinduism  Other  I do not wish to disclose this |

**Health Questionnaire**

**(To be used for those applicants that have been deemed appointable).**

|  |
| --- |
| 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. |

|  |  |
| --- | --- |
| Have you ever had or suffered from:  Epilepsy/Blackouts  Nervous Mental Disorders  Migraine/Headaches  Sensory Impairment  Skin Allergies  Back pain/Previous Back Injury  Heart Condition  Asthmatic or respiratory ailments  Recurring Incidence of Illness | Circle Yes or No  Yes/No  Yes/No  Yes/No  Yes/No  Yes/No  Yes/No  Yes/No  Yes/No  Yes/No |

|  |  |
| --- | --- |
| Are you registered disabled?  If yes, please detail | Yes/No |

|  |
| --- |
| Please List Below any Periods spent Outside of the United Kingdom as a Resident (do not include holidays)  1  2  3 |

|  |
| --- |
| Please List below any vaccinations or immunisations  Date  Immunisation  Expiry  Date  Immunisation  Expiry  Date  Immunisation  Expiry  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:**