**Application for Employment**

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| Position applied for |  |
| Full Name |  |
| Other Names used |  |
| Address |  | Time at address |  |
| Previous address (if current address less than 5 years) |  |
| Contact details | Home |  | Mobile |  |
| Email Address  |  |
| Date of Birth |  | Place of Birth |  |

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| --- | --- | --- | --- |
| Do you require a Work Permit to work in the UK? | Yes / No | National Insurance Number |  |

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| --- | --- | --- | --- |
| Do you hold a Full UK Driving Licence? | Yes / No | Do you have use of a motor vehicle? | Yes / No |
| If Yes, Do you have Business Insurance? |  |
| Please give details of any driving convictions or current penalty points |  |

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| Have you applied for a position with us before? | Yes / No |
| If Yes, please give details |  |
| How did you hear about this position? |  |

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| **Education** |
| Dates From / To | Name of School, College or University | Subjects or Qualifications achieved | Grade | Date |
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| **Current Employment (will not be contacted without agreement)** |
| Dates From/To | Name and Address of current Employer | Position held | Period of Notice |
|  |  |  |  |
| Current duties and responsibilities  |  |
| Reason for leaving (if applicable) |  |

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| **Employment History**Please include **FULL** employment history, from leaving school, including any gaps, giving reason (e.g. College, left to have children). If you have ever been dismissed from employment, please give reasons. |
| Dates From/ To | Name and Address of Employer  | Position held | Reason for leaving |
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| **Professional Details** |
| Professional Qualifications and/ or Memberships | Date of Examination and/ or Acceptance  |
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| **Current Relevant Training and/ or Studies** |
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| **Other Interests** |
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| **Supporting Information**Please give reasons for applying for this position, and any additional information to support your application. |
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**Criminal Convictions**

(Rehabilitation Of Offenders Act 1974)

All positions within the Organisation will involve contact with vulnerable individuals; You are required to declare all convictions, whether or not they are regarded as spent under the act.

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| Do you have any criminal convictions? | Yes / No |
| Are there any current convictions/proceedings against you? | Yes / No |
| Are you prohibited from working with vulnerable people? | Yes / No |

If you have answered **YES** to any of the above questions, please give full details on a separate piece of paper.

**References**

Please give details of **TWO** Referees.

The first **MUST** be a present or past employer, or if you have recently left full-time education, your school or college.

The second may be a personal reference.

**N.B A further employment reference may be requested if you have worked in a care setting within the last 12 months but this is not your last employer.**

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| --- | --- |
| Reference 1 | Reference 2 |
| Name |  | Name |  |
| Address |  | Address |  |
| Position |  | Position |  |
| Telephone |  | Telephone |  |

|  |  |
| --- | --- |
| Copy of Passport/ Birth Certificate Provided? | Yes / No |

I can confirm that all information provided is true and correct and that there are no medical or other reasons that I know of which may prevent me undertaking the required duties of the position. I understand that any misrepresentation will invalidate my application, and if appointed, will result in instant dismissal.

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| Signed |  |
| Print Name |  | Date |  |

**Enhanced CRB and ISA Checks**

All Employees are required to hold Enhanced CRB, DBS and ISA Clearance, therefore you are required to sign the Declaration below, before your application can progress.

I give permission for application to be made for Enhanced CRB, DBS and ISA Clearance in my name, and understand that an application will only be made for these checks if my application is successful.

Should the checks reveal anything that is of real concern for the protection of the individuals with whom the organisation works, I understand that the offer of employment will be withdrawn.

I am willing to pay the fee of £74.00 should I leave employment within the first 12 months.

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| Signed |  |
| Print Name  |  | Date |  |