

EMPLOYMENT APPLICATION FORM

*Note: Please; Sign, Print Name & Date at bottom of each page
Form REVISED: 23.10.17 EW*

POSITION APPLIED FOR: _____

The following information will be treated in the strictest confidence.

PERSONAL

(Please complete this section in BLOCK CAPITALS)

Surname:		First Name(s):	
Address:			
Contact Tel. No:			Mobile Tel. No:
Full Driving Licence:	YES/NO	Endorsements:	*YES/NO
* If YES, please give further details including dates.			
Are you involved in any activity which might limit your availability to work or your working hours e.g., local government?			YES/NO
If YES, please give full details.			
Are you subject to any restrictions or covenants which might restrict your working activities?			YES/NO
If YES, please give full details			
Are you willing to work overtime and weekends if required?			YES/NO
Please give details of any hours which you would not wish to work:			
Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?			YES/NO
If YES, please give full details			
If offered employment, you will be required to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination before employment?			YES/NO
Have you ever worked for this business before?			YES/NO
If YES, please give full details			
Have you applied for employment with this business before?			YES/NO
Do you need a work permit to take up employment in the U.K.?			YES/NO
How much notice are you required to give to your current employer?			

Applicant's signature:

Print name:

Date:

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

Please give details of membership of any technical or professional associations:

Please list any languages spoken and the level of competence:

Applicant's signature:

Print name:

Date:

EMPLOYMENT DETAILS

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

PRESENT OR LAST EMPLOYER

Are you currently employed? YES/NO Current pay (or last pay if now unemployed)
 £_____

Name of present or last employer:	
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Address:	

Telephone No:	
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Nature of business:	
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Job title and a brief description of your duties:	

Reason for Leaving:

Length of Service:	From:	To:
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Applicant's signature:

Print name:

Date:

PLEASE GIVE DETAILS OF ANY GAPS IN YOUR EMPLOYMENT HISTORY:

INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES (e.g., hobbies, sports, club memberships)

REHABILITATION OF OFFENDERS Act 1974 (Exceptions) Order 1975

Due to the nature of the work, this employment is exempt from the above Act, so applicants are not entitled to withhold information about any convictions, whether past ('spent') or present. Therefore, please give details and dates if you have EVER been convicted of an offence by a court of law or have been subject to any conditional discharges, bind-overs or cautions.

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If you have not then please write here "No Convictions":

Any information given will be confidential and considered only in relation to this Application. In the event of employment, a Disclosure will be required and if it brings to light something that has not been disclosed above then the Commission for Social Care Inspection require your employment to be terminated immediately. Having a criminal record will not necessarily bar someone from working with us. This will depend on the nature of the position and the circumstances and background of any offences.

NOTE - POVA & Criminal Records Bureau Checks – COSTS –

The company will pay for the cost of the CRB Disclosure. However, if you leave the company within a period of 12 months the Company reserves the right to deduct the cost of the CRB Disclosure from your final pay.

Please give details if you will continue to work in any other capacity if offered this position (Please note that we will not employ any person who either continues to, or later commences, work in the care industry for another employer whilst they are under contracted employment with this company.)

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Applicant's signature:

Print name:

Date:

Your Personal Development Plans.

Please give your answers to the following questions....

- (i) 'What expectations do you have for yourself? What goals have you set yourself? Where do you want to be in 1 year, 3 years and 5 years time?'

- (ii) 'How are you planning to achieve those goals?'

- (iii) 'What is it that attracts you to a career in Stonehaven Healthcare Ltd?'

- (iv) 'When do you get the most satisfaction from your work?'

- (v) 'Can you describe a time when you have taken action to fix a problem / help a person in work without having been instructed to do so by a manager?'

Applicant's signature:
Date:

Print name:

DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal

I understand these details will be held in confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

Signature:	Date:
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REFERENCES

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? YES/NO

Name:	Name:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:

SOURCE OF APPLICATION

How did you hear of this vacancy?

Applicant's name:	Print name:	Date:

COMPANY USE ONLY (remember to take copies)
Proof of I.D. satisfactory Yes / No
Proof of Qualifications satisfactory Yes / No

Applicant's signature:

Print name:

Date: