

# **APPLICATION FORM**

POSITION APPLIED FOR:			
The following information will be treated in the strictest confidence.			
<u>Personal</u> (Please complete this see	ction in BLOCK CAPITALS)		
Surname:			
First name:			
Address:			
Postcode:			
Home telephone number:			
Mobile telephone number:			
Email address:			
Full Driving Licence: <b>Yes / No</b> Endors If YES, please give further details including d			
Are you involved in any activity which migh working hours e.g., local government?	t limit your availability to work or your <b>Yes / No</b>		
If YES, please give full details:			
Are you Fully Vaccinated, intend to be vacce exemption?	cinated against COVID-19 or hold a medical Yes / No		
If YES, please give full details:			
Are you subject to any restrictions or coven	ants which might restrict your working		

If YES, please give full details:

activities?

Yes / No



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:	
Are you aged over 18?	Yes / No
It is a criminal offence for barred individuals to apply to work in a regulated ac children, young people or adults at risk. Are you on a barred list?	ctivity with Yes / No
If offered employment, we are required to check your up to date DBS status b are permitted to start work.	efore you
Do you have a DBS certificate?	Yes / No
If yes, are you a current member of the Update Service	Yes / No
If yes, do you consent to this Update Service check being made by the Comp	any? Yes / No
The company will pay for the cost of the DBS Disclosure checks. However, if y the company within a period of 12 months the Company reserves the right to the cost of the DBS Disclosure from your final pay.	
Do you have any convictions, cautions, reprimands or final warnings that are r "protected" as defined by the Rehabilitation of Offenders Act 1975 (Exception 2013?	
If YES, please give full details:	

The Order provides that certain spent convictions and cautions are "protected" and are not subject to disclosure to employers and cannot be taken into account.

A copy of the Company's Equal Opportunities Policy and Disclosure and Disclosure Information Policy is available on request.

If offered employment, you will be required to complete a 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:



# Education (to be completed if not covered in an accompanying CV)

		1	
Schools attended since age	From	То	Examinations and Results
College or University	From	То	Courses and Results
Further Formal Training	From	То	Diploma/Qualification

Job related Training Courses Name of Organisation	Date	Subject



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

Please list languages spoken and the level of competence:

**Employment Details** (to be completed if not covered in an accompanying CV)

Please give details of your past employment, <u>excluding</u> 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
Name of present or last employer:	
Address:	
Telephone number:	

9	6
stonel	haven
CARE	GROUP

Nature of business:		
Job title & brief description of duties:		
Reason for leaving:		
Length of service:	From:	_ To:
Interests, Achievements, and Leisure Ac (e.g. hobbies, sports, club memberships)		

# Supplementary Information

Please set out below any further information to support your application (e.g. past achievements, future aspirations, personal strengths)

#### 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, in compliance with data protection legislation and as set out in the Company's Employee Privacy Notice. I undertake to notify the Company immediately of any changes to the above details.

Given the nature of the job for which I have applied, I understand that any offer of employment will be subject to information on my criminal record being disclosed to the Company by the Disclosure and Barring Service. (Please note that the amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found at the Disclosure and Barring Service website.)

I have been given a copy of the Company's Equal Opportunities and Diversity Policy, which includes information relating to the recruitment of ex-offenders.

Signed:	
PRINTED:	
Date:	



### 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?