Application For Employment

**Please complete this form in BLACK ink.**

|  |  |
| --- | --- |
| Position Applied For: | Date: |

**Personal Information**

|  |  |
| --- | --- |
| Surname: | Mr./ Mrs./ Miss/ Ms |
| Forename (s): | Other: |
| Address for correspondence: | Permanent address ( if different ): |
| Address:  Postcode: | Address:  Postcode: |
| Home No: | Mobile No: |
| Work No: | Email: |
| National Insurance Number: | Full driving licence: **Yes/ No** |
| Do you have daily access to a vehicle? **Yes/ No** | Do you require a work permit? **Yes/ No** |

**Employment Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Please specify whether you are seeking full time or part time work… | | | |
| **FULL TIME** | | **PART TIME** | |
| How many hours are required a week? | |  | |
| Times available (shifts) | | | |
| **7am – 2pm** | **12pm – 6pm** | | **6pm – 10pm** |

**Career History**

Pleases list the positions you have held in reverse chronological order, listing your current or most recent job first. **Please state any gaps in career history and reasons for gaps.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Position. title and**  **responsibilities** | **Salary** | **Employer and**  **address** | **Dates to**  **and from** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Qualifications**

If you have any, please list all relevant professional qualifications including registration number, registration date, expiry date and where obtained as applicable.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Qualification** | **Registry Number** | **Registration Date** | **Expiry Date** | **Where**  **Obtained** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please list all educational qualifications when obtained, where obtained and what grade if applicable.

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification** | **Grade** | **When Obtained** | **Where Obtained** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

If you have any other relevant skills or training, please specify it here.

|  |  |  |
| --- | --- | --- |
| **Skills** | **When Obtained** | **Where Obtained** |
|  |  |  |
|  |  |  |
|  |  |  |

In your own words, please write down why you think you would be suitable for the post you are applying for. Where possible match your skills to those indicated in the job description and give examples:

|  |
| --- |
|  |

**Equal Opportunities Form**

Comfort Home Care are committed to developing positive polices to promote equal opportunities in employment and prohibiting unfair discrimination on grounds of sex, marital status, orientation, age, disability, race, colour or natural or ethnic origin.

To ensure that these policies are carried out, and for no other reason, you are requested to voluntarily complete this section with you application for employment. Whilst we seek your cooperation in providing this information, it will in no way prejudice your application if you do not wish to complete this section. All information will be kept in strict confidence.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | | | **Position Applied For:** | | | |
| **Sex:** | | Male | | Female | | Transgender | |
| **Marital Status:** | Married | | Divorced | Single | Widowed | | Separated |
| **Number Of Dependants:** | | | | **D.O.B:** | | | |

**Ethnic Origin:**

- White British – White European – Black Caribbean – Black African – Indian – Pakistani -

- Bangladeshi – Chinese – Korean – Japanese – Polish –

- Hungarian – Lithuanian – Other –

|  |  |
| --- | --- |
| Nationality: | Dual Nationality? Yes/ No |
| Registered Disabled? Yes/ No |  |

**Criminal Convictions**

|  |
| --- |
| Because of the nature of the work for which you are applying, this post is exempt from the provisions of sections 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions which for any other purpose are ‘spent’ under the provisions of the Act. Failing to disclose such convictions could result in dismissal.  Please give details of any past criminal convictions, or prosecutions pending.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please sign here to confirm none of the above have been recorded against you  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_  I declare that the statements are true, that I am now in, and usually enjoy, good physical and mental health. I understand that non-disclosure or suppression of any relevant facts known by me may prejudice my application or, if appointed, could lead to the termination of my employment.  I agree that a medical report may be obtained from my doctor or hospital specialist.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_  I understand that if I do not start work out in the community as a fully trained member of staff I will be responsible for my CRB/ POVA and will lose my induction pay.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ |

**References**

Please give the names of **3** people to provide references; at least 2 must be current and/ or recent managers/ supervisors. 1 may be a personal reference (but not family member).

|  |
| --- |
| Name: |
| Position: |
| Address: |
| Telephone Number: |
| Email Address: |
| May We Contact After Interview? Yes/ No |

|  |
| --- |
| Name: |
| Position: |
| Address: |
| Telephone Number: |
| Email Address: |
| May We Contact After Interview? Yes/ No |

|  |
| --- |
| Name: |
| Position: |
| Address: |
| Telephone Number: |
| Email Address: |
| May We Contact After Interview? Yes/ No |