

JOB APPLICATION FORM

POSITION APPLIED FOR: _____

WILLING TO APPLY FOR DISCLOSURE FOR CRIMINAL RECORDS BUREAU YES NO

Full name: _____

Address: _____

Postcode: _____

County: _____

Country: _____

Telephone number: _____

Mobile: _____

Email address: _____

Date of birth: _____ Age: _____

Place of birth: _____

National Insurance Number: _____

Are you a citizen of the EU or EEA? YES NO

If 'No' do you have a work permit? _____

HEALTH AND DISABILITIES

Do you have any disabilities that may be relevant to this job application?

YES NO

If YES please describe them: _____

Are you registered disabled? YES NO

Over all state of health: Excellent Good Poor

Hearing: Excellent Good Poor

Eyesight: Excellent Good Poor

Do you wear any of the following: Spectacles Contact lenses neither

Please give details of any other medical condition for which you have received treatment for in the last five years: _____

Have you had treatment for any treatment relating to the abuse or misuse of drugs or alcohol within the last 5 years:

YES NO

If 'YES' please provide brief details: _____

Would you be willing to have a medical examination if required? YES NO

DRIVING RECORD

Do you have a current clean 'FULL' driving licence? () YES () NO

If 'YES' for what classes of vehicle? _____

Driving licence valid from: _____ To: _____

Number of penalty points (if any) endorsed on current licence: _____

Have you ever been disqualified from driving or had insurance refused?

() YES () NO

If 'YES' please provide brief details: _____

GENERAL EDUCATION

FROM	TO	NAME OF SCHOOL	FROM	TO	NAME OF COLLEGE OR UNIVERSITY

EXAMINATION RESULTS/ QUALIFICATIONS OBTAINED

Employment History

PLEASE LIST ALL EMPLOYERS AND ROLES BEGINNING WITH THE MOST RECENT:

NAME AND ADDRESS OF LAST EMPLOYER:

WHAT WAS YOUR JOB TITLE AND MAIN DUTIES:

DATE EMPLOYED FROM:

DATE EMPLOYED TO:

REASON FOR LEAVING:

AVERAGE GROSS PAY:(PER WEEK/MONTH/ANNUM)

NAME AND ADDRESS OF LAST EMPLOYER:

WHAT WAS YOUR JOB TITLE AND MAIN DUTIES:

DATE EMPLOYED FROM:

DATE EMPLOYED TO:

REASON FOR LEAVING:

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NAME AND ADDRESS OF LAST EMPLOYER:

WHAT WAS YOUR JOB TITLE AND MAIN DUTIES:

DATE EMPLOYED FROM:

DATE EMPLOYED TO:

REASON FOR LEAVING:

AVERAGE GROSS PAY:(PER WEEK/MONTH/ANNUM)

(PLEASE CONTINUE ON SEPARATE SHEET IF NECESSARY AND ATTACH TO APPLICATION FORM)

PLEASE INDICATE WHICH TWO EMPLOYERS WE CAN USE FOR REFERENCES

JOB FLEXIBILITY

Prepared to work: Full-time Part-time Shifts

If part-time please indicate preferred hours: _____

Details of any other work which you will continue to undertake if you are offered this job position: _____

Please provide details of any outstanding holidays to be taken: _____

AVAILABLE TO TAKE UP EMPLOYMENT FROM: _____

REHABILITATION OF OFFENDERS ACT 1974

Through the 1975 exemptions Order of the Rehabilitation of Offenders Act 1974, and by virtue of the nature of the post for which you are applying, we are obliged, as your prospective employers, to ask the following question. Any information supplied by you will remain confidential and considered only in relation to the job application;

With the exemption of minor motoring offences, have you ever been convicted of a criminal offence by a court of law?

YES NO

If 'YES' pleased provide brief details of the offence(s) and relevant dates:

EQUAL OPPORTUNITIES - VOLUNTARY INFORMATION

This organisation seeks to recruit employees on the basis of their general suitability for a position and aims to ensure that consideration of age, sex, marital status, disability and racial or ethnic origin should play no part in this process.

In order to monitor the effectiveness of this commitment to equal opportunities it would be helpful if you could complete this section of the form. Completion is not compulsory but should you give details below the information will be used for no other purpose than is stated in this paragraph.

PLEASE CIRCLE WHERE APPROPRIATE

MARITAL STATUS	SINGLE	MARRIED	SEPERATED	WIDOWED	DIVORCED
SEX	MALE	FEMALE	D.O.B (SPECIFY)		
ETHNIC ORIGIN	African	Afro-Caribbean	Asian	European	Polynesian

Disabilities (please specify):

Registered disabled number (where relevant): _____

DECLARATION (PLEASE READ CAREFULLY AND SIGN AND DATE YOUR APPLICATION):

I confirm that the information I have provided is correct and understand that misleading statements may be sufficient grounds for cancelling any agreement made. I also understand that questions left unanswered may be discussed at interview(s) arising from this application:

Applicant's signature: _____

Date: _____

DEFINING ABUSE

‘Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable adult is persuaded to enter into a financial or sexual transaction to which he or she never consented, or cannot consent. Abuse may occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it’ *‘No Secrets 2000’*

PLEASE READ AND COPY THIS PARAGRAPH BELOW:

YOU’RE STARTING POINT:

NAME: _____

DATE: _____

CURRENT JOB TITLE: _____

SIGNED: _____

Why did you want to work with us?

What is your previous experience in this line of work?

What job would you like to be doing in the next 3 years?

What are your interests and hobbies?

What do you do well?

What would you like to improve?

INTERVIEW CHECKLIST - RECORD FORM (employer fills out)

Name of Applicant: _____

Position applied for: _____

Interview date: _____

Name of person(s) conducting interview: _____

Observation Criteria	COMMENTS	GOOD	SATISFACTORY	POOR
On time for interview?				
Appearance				
Personality				
General Disposition				
Verbal communication				
Handwriting (copy of paragraph)				
Attitude towards working flexible hours/ night duty				
Attitude towards internal and external training				
Attitude towards racism				
Attitude towards caring for the dying				
Attitude towards working				

reasonable duties outside the job description				
Job experience and qualifications				

Recommended for position: YES () NO ()

Recommended for 2nd interview: YES () NO ()

Signed by senior person conducting the interview:
