Application form

**Position applied for: Health Care Assistant.**

**The following information will be treated in the strictest confidence.**

**Personal**

(Please complete this section in BLOCK CAPITALS.)

Surname:

First name:

Address:

Postcode:

Home telephone number:

Mobile telephone number:

Email address:

Full Driving Licence: **Yes / No** Endorsements: **Yes / No**

If you have any endorsements, 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 with your previous employer 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:

**[Guidance** – asking or insisting that a candidate work overtime or weekends could result in a claim of indirect discrimination. Indirect discrimination is when a working practice, policy or rule applies to everyone but puts one person or group at a disadvantage.

Please ensure you only include this requirement if there is a strong business justification to do so. In addition, if you include this question and based on the answer decide not to proceed with a candidates job application, please ensure you take legal advice before proceeding.]

**Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974) ?**

**Yes / No**

If YES, please give full details:

**Have you ever worked for Care is Key Services Ltd before?**

**Yes / No**

If YES, please give full details:

**Have you applied for employment with Care is Key Services Ltd before?**

**Yes / No**

**How much notice are you required to give to your current employer?**

**If offered employment, you may be required to complete a medical questionnaire. If necessary, are you prepared to undergo a medical examination before starting employment?**

**Yes / No]**

Education

|  |  |  |  |
| --- | --- | --- | --- |
| Secondary school | 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 and / or registrations:**

**Expiration / renewal date (if applicable):**

**Please list languages spoken and the level of competence:**

**Please list any IT applications or programmes you are familiar with and your level of competence:**

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 |
|  |  |  |  |

**Are you currently employed?**

**Yes / No**

Name of present or last employer:

Address:

Telephone number:

Nature of business:

Job title & brief description of duties:

Reason for leaving:

Length of service: From: To:

Interests, achievements and leisure activities (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 Organisation, in compliance with data protection legislation and as set out in the Organisation’s Applicant Privacy Notice. I undertake to notify the Organisation immediately of any changes to the above details.

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.

|  |  |  |
| --- | --- | --- |
| Name | Name | Name |
| Position | Position | Position |
| Address | Address | Address |
|  |  |  |
|  |  |  |
| Tel. No. | Tel. No | Tel. No |

**Can we approach your current employer before an offer of employment is made?**

**Yes / No**

Source of application

How did you hear of this vacancy?

Right to work in the UK

If you are shortlisted for interview you will be required to provide evidence of your right to work in the UK.

**Yes / No**

**Yes / No**

Do you have a valid passport?

**Yes / No**

Do you have a bank statement?

**Yes / No**

Do you have a current untility bill?