



# APPLICATION FORM FOR EMPLOYMENT

**PRIVATE AND CONFIDENTIAL**

POSITION APPLIED FOR:

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TITLE: ..... FORENAME(S) ..... SURNAME:

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ADDRESS:

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..... POST CODE:

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MARITAL STATUS: ..... NATIONALITY:

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NI NUMBER: ..... DOB:

.....

TELEPHONE NUMBER(S): .....

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EMAIL:

.....  
.....

**CURRENT DRIVING LICENCE?** YES  NO  GROUPS: .....

EXP DATE: .....

ENDORSEMENTS:

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**ARE THERE ANY RESTRICTIONS ON YOU TAKING UP EMPLOYMENT IN UK?**

YES  NO

IF YES, PLEASE PROVIDE DETAILS:

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**CURRENT EMPLOYER:**

NAME & ADDRESS:

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.....

JOB TITLE: ..... START  
DATE: .....

REASON FOR LEAVING: .....  
.....

**PREVIOUS EMPLOYMENT HISTORY:**

DATE FROM ..... TO ..... REASON FOR LEAVING:  
.....

NAME & ADDRESS: .....  
.....

..... JOB TITLE:  
.....

DUTIES:  
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DATE FROM ..... TO ..... REASON FOR LEAVING:  
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NAME & ADDRESS: .....  
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..... JOB TITLE:  
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DUTIES:  
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DATE FROM ..... TO ..... REASON FOR LEAVING:  
.....

NAME & ADDRESS: .....  
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..... JOB TITLE:  
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DUTIES:  
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**PLEASE USE A SEPARATE SHEET IF NECESSARY**

**CURRENT MEMBERSHIP OF PROFESSIONAL BODIES YOU ARE A NUMBER OF OR ARE REGISTERED WITH:**

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**EDUCATION: SCHOOLS / COLLEGES / UNIVERSITY & QUALIFICATIONS GAINED**

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2.

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**PLEASE USE A SEPARATE SHEET IF NECESSARY**

**OTHER TRAINING & COURSES:**

**OTHER EMPLOYMENT YOU WOULD CONTINUE WITH IF YOU WERE TO BE SUCCESSFUL IN OBTAINING THIS POSITION:**

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**LEISURE – YOUR INTERESTS & HOBBIES**

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**GENERAL COMMENTS – YOUR REASONS FOR THIS APPLICATION. PLEASE DETAIL HOW YOUR KNOWLEDGE, SKILLS, PREVIOUS EXPERIENCE AND ACHIEVEMENTS WOULD BENEFIT THE COMPANY**

**REFERENCES:** PLEASE NOTE HERE THE NAMES AND ADDRESSES OF TWO PERSONS FROM WHOM WE MAY OBTAIN BOTH CHARACTER AND WORK EXPERIENCE REFERENCES. PREFERABLY ONE FROM RECENT EMPLOYER:

1. NAME: ..... 2. NAME:  
.....

POSITION: ..... POSITION:  
.....

ADDRESS: ..... ADDRESS:  
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TEL: ..... TEL:  
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EMAIL: ..... EMAIL:  
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MAY WE APPROACH THE ABOVE PRIOR TO YOUR INTERVIEW: YES  NO

**CAUTIONS, REHABILITATIONS AND CRIMINAL RECORDS**

Because of the nature of for which you are applying, this post is exempt for the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding in whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.

**In addition you are required to submit to a Disclosure and Barring check** The Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) have merged to become the Disclosure and Barring Service (DBS).

**Any disclosure will remain strictly confidential. It is your responsibility to provide us with DBS check. We are happy to obtain this for you. The cost is £62 which you can either pay us straight away or we will deduct it from your salary as an extra agreement. Should you leave our employment before the full amount is paid back, we will deduct it from your salary.**

If you agree to the above agreement please sign and date:  
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**Have you ever been convicted in a Court of Law and / or cautioned in respect of any offence?** YES  
 NO

If YES, please give details:

**THE POSITION YOU APPLIED FOR INVOLVES THE CARE OF VULNERABLE ADULTS, YOUR EMPLOYMENT IS DEPENDENT ON THE FOLLOWING:**

- 1. YOUR WRITTEN CONSENT TO OBTAINING A DBS CHECK (AS STATED ABOVE)**
- 2. PROOF OF IDENTITY: ONE DOCUMENT OF GROUP 1 AND TWO FURTHER DOCUMENTS FROM EITHER GROUP 2a or 2b. ALL THE DOCUMENTS MUST BE ORIGINAL & VALID. AT LEAST ONE DOCUMENT MUST SHOW THE APPLICANT'S CURRENT ADDRESS. A LIST OF THE DOCUMENTS GROUP 1, 2A & 2B CAN BE FOUND ON <https://www.gov.uk/disclosure-barring-service-check>**
- 3. TWO SATISFACTORY WRITTEN REFERENCES**
- 4. THAT YOU WILL SUPPLY A PHOTOGRAPH OF YOURSELF FOR RETENTION IN YOUR RECORDS**
- 5. EVIDENCE OF PHYSICAL OR MENTAL SUITABILITY FOR YOUR WORK**

**DECLARATION – PLEASE READ THIS CAREFULLY BEFORE SIGNING THIS APPLICATION**

- 1. I CONFIRM THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT AND THAT ANY UNTRUE OR MISLEADING INFORMATION WILL GIVE MY EMPLOYER THE RIGHT TO TERMINATE ANY EMPLOYMENT CONTRACT OFFERED**
- 2. SHOULD WE REQUIRE FURTHER INFORMATION AND WISH TO CONTACT YOUR DOCTOR WITH A VIEW TO OBTAINING A MEDICAL REPORT, THE LAW REQUIRES US TO INFORM YOU OF OUR INTENTION AND OBTAIN YOUR PERMISSION PROR TO CONTACTING YOUR DOCTOR. I AGREE THAT THE ORGANISATION RESERVES THE RIGHT TO REQUIRE ME TO UNDERGO A MEDICAL EXAMINATION. IN ADDITION, I AGREE THAT THIS INFORMATION WILL BE RETAINED IN MY PERSONNEL FILE DURING EMPLOYMENT AND FOR UP TO SIX YEARS THEREAFTER AND UNDERSTAND THAT INFORMATION WILL BE PROCESSED IN ACCORDANCE WITH THE DATA PROTECTION ACT 1974.**

SIGNED: ..... DATE:  
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