

## JOB APPLICATION FORM

Please complete this accurately, giving as many details as possible of your skills and experience relating to this job application. You will be advised of the outcome of your application in writing. Please note that we request your signature on each page, and that the finished form is signed, dated and returned to the address given on the last page. **PLEASE COMPLETE BOTH SIDES OF EACH PAGE.**

### POSITION APPLIED FOR

**Job title applying for: Care Assistant**

**How did you hear of this vacancy?**

**Applying for; Full Time/Part Time?**

### 1. APPLICANT'S DETAILS

Title:	Surname:	First name(s):

**Home address:**

	<b>Postcode:</b>

**Other details**

**Home telephone number:**

**Work telephone number:**

**Mobile telephone number:**

**Email address:**

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**National Insurance Number:**

<b>Do you hold a full UK driving licence?</b>	<b>Yes/No</b>

**Please give details of any endorsements:**

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<b>Do you need a work permit to work in the UK?</b>	Yes/No
<b>Please state expiry date</b>	
<b>How much notice do you need to give your current employer?</b>	

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

## 2. HEALTH

How many days have you had off work due to sickness in the past 12 months?

How many separate occurrences have you had off work due to sickness in the past 12 months?

Please state reason(s) for absence:

Do you expect to ask for time off work for medical reasons in the next 12 months? If yes, please give details:

Have you every suffered from problems with your back or any limb?

Please give the name(s) of any existing or previous members of Absolute Care Homes Ltd with whom you are acquainted:

This section is to be completed by Qualified Staff only

Last NHS Employer	Date from/to	Position
Last Nursing Position held	Date from/to	
UK PIN Number and expiry date (please show your registration card at interviews)		

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### 3. EMPLOYMENT RECORD

Please start with your most recent employment. Briefly explain the main duties and responsibilities of your post. If you wish to expand on specific areas of responsibility then please do so in Section 6 Experience/skills. Please continue on a separate sheet if necessary.

- **This must include any gaps starting dates of absences with clear explanations of the reasons for the absences (if any) there MUST NOT be any gaps.**

Current/most recent employer		
Organisation name:		
Address:		
Job Title:	From:	To:
Brief description of duties:		
Reason for leaving:		
Can we contact this employer for a reference at this time? Yes/No		

Employer/organisation		
Organisation name:		
Address:		
Job Title:	From:	To:
Brief description of duties:		
Reason for leaving:		

Employer/organisation		
Organisation name:		

<b>Address:</b>		
<b>Job Title:</b>	<b>From:</b>	<b>To:</b>
<b>Brief description of duties:</b>		
<b>Reason for leaving:</b>		

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

#### 4. EDUCATION

Please tell us about your education and qualifications, including any courses that you are currently undertaking. Please start with the most recent, and continue on a separate sheet if necessary.

Name of school/college/university/training body	Subject studied	Qualification/level	Date gained

#### 5. TRAINING

Please give details of all work related training courses attended. Continue on a separate sheet if necessary.

**Please include up to date certificates**

Training course	Date


Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### 6. EXPERIENCE/SKILLS

This section is for you to give specific information in support of your application. After reading the Job Description and Person Specification carefully, consider to what extent you have gained the skills and experience necessary for the post. It is important that you provide evidence of your achievements by giving examples to support your application. You may wish to use the headings in the Person Specification in order to set the information out clearly. Please continue on a separate sheet of A4 if necessary.

### 7. REFERENCES

Please give details of 2 people that are able to supply you with a reference. **One must be your present or most recent employer. Both references must be within the last 2 years.** References from relatives will not be accepted.

Name:	Name:
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Position:	Position:
Company Name:	Company Name:
Address:	Address:
Postcode:	Postcode:
Telephone No:	Telephone No:
The above has known me for..... years	The above has known me for..... years

Signed: \_\_\_\_\_

Date:

#### 8. CRIMINAL RECORDS ACT - DISCLOSURE/ISA VULNERABLE ADULTS BARRED LIST

Because of the nature of the work you are applying for, the post is exempt from the provisions of the Rehabilitation of Offenders Act 1974 (Exemptions Order 1975). You are therefore not entitled to withhold any information about convictions. Care Homes are now required to Police Check all new staff to their organisation and you must be aware that in order to progress your application we will undertake a check through the Disclosure & Barring System.

In addition, we are required to check your name against the ISA (Independent Safeguarding Authority) Vulnerable Adults Barred list. If your name is on that list, we will not employ you and if your name is added to the list while you are employed by us, you will be liable for instant dismissal without any payment in lieu of notice or holiday entitlement or compensation.

If you are invited for an interview and your application is taken further you are advised that we will make a non-refundable charge of £60 to cover costs in connection with the DBS check and Admin charges. **However if you already have a DBS form dated within the last 3 months of this application, please enclose a copy**

You are therefore required to disclose the following information. Disclosing a conviction does not necessarily mean that you will not be employed, but failure to disclose any information on convictions, conditional discharges, bind overs and cautions will result in instant dismissal without pay in lieu of notice.

Do you have any convictions?	Yes/No If Yes, please give details
Have you ever had a conditional discharge?	Yes/No If Yes, please give details
Have you ever been "Bound Over" or Cautioned?	Yes/No If Yes, please give details
Have you ever been referred to the ISA Vulnerable Adults Barred list?	Yes/No

Are you aware of any proceedings to add your name to the ISA Vulnerable Adults Barred list?	Yes/No
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**9. DECLARATION AND SIGNATURE**

I declare that to the best of my knowledge and belief the information given on these four pages is true and I understand that employment will be considered subject to the particulars being correct. I further understand and accept that if any of the information given in this document is incorrect or untrue that reserves the right to terminate my employment immediately without compensation.

Signed: ..... Date:  
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- Please return to Fort Dunlop, Fort Pkwy, Birmingham B24 9FE  
Tel: 03337720156
- Please enclose a recent passport photo of yourself