



APPLICATION FOR EMPLOYMENT

Please type or print using Black Ink, and complete **ALL** relevant sections

Private & Confidential

Job Application Form
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CURRENT EMPLOYMENT (most recent first)

Employer Name & Address		Post Code
Nature of Business:		
Job Title:		
Job Description:		
Date of Commencement:	Date Left:	
Reason for Leaving:		
Starting Salary:	Final Salary:	

Other relevant employment (Continue on a separate A4 sized sheet, if necessary) (Attach a detailed CV)

Interests / Hobbies:

Have you ever been convicted of a criminal offence? (Declaration subject to the Rehabilitation of (Offenders Act)
YES / NO

(If yes please provide details)

If offered this position, will you continue to work in any other capacity? **YES / NO**

(If yes please provide details)

If offered this position, do you agree to work shifts as allocated by the Company? **YES / NO**

If offered this position, do you agree to work shifts as allocated by the Company? **YES / NO**

PERSONAL REFEREES (non family members and one should include your present/previous employer)

Referee 1 (Professional)	Referee 2 (Professional)	Referee 3 (personal)
Name :	Name :	Name :
Address :	Address :	Address :
Post Code:	Post Code:	Post Code:
Contact No.	Contact No.	Contact No.

WHY DO YOU THINK YOU ARE SUITABLE FOR THIS POSITION ?

EQUAL OPPORTUNITIES MONITORING SURVEY

We are committed to creating a more diverse workforce and to equal opportunity policy. If you could complete the following details, it would help us to work in line with this policy. The information will be held strictly confidential and in accordance with the Data Protection Act 1988. The Equal Opportunities in Employment Policy and Code of Practice, states that no-one will be discriminated against on ground of age, race, social background, sex, colour, disability, nationality, ethnic origin, marital status, religion, sexual orientation or HIV/AIDS status

Are you Male Female

In which of these categories do you consider yourself to be

White

British Irish European Any other White Background (Please Specify)

Black or Black British

African Caribbean Any other Black Background (Please Specify)

Asian or Asian British

Indian Pakistani Bangladeshi Any other Asian Background (Please specify)

Mixed

White & Black African White & Black Caribbean White & Asian Any other Mixed Background

Other Ethnic Groups

Chinese/Cypriot-Greek/Cypriot-Turkish/ Philipino/Greek/Somali/Turkish/Vietnamese/Any other (Please Specify)

Do you consider yourself to have a disability? Yes/No

Are you registered disabled? YES / NO, if YES, RDP Number:

(You are not obliged to provide this information)

DECLARATION by Applicant and Notice under Data Protection Act 1988

By signing this form, I agree that the contents are correct and that we may keep this information about me on their files. I understand that such information may be disclosed to, recorded and used by those persons as may be necessary for the purposed of them obtaining references relating to my employment record with us, including any potential employers, as well as assisting the DSS in their enquiries when requested.

(Successful candidates to complete a detailed Health Questionnaire)

Print Name

Signature of Applicant

Date:



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HEALTH DETAILS

If the answer is **yes** to any of the questions in this section, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If we have any concern about your fitness for work, employment will be subject to satisfactory medical reports.

Have you ever had:	Delete as applicable	Additional Information to "Yes" response
Tuberculosis, asthma, bronchitis or chest problems?	Yes / No	
Chest pain, heart condition or raised blood pressure?	Yes / No	
Blackouts, fits or attacks of giddiness?	Yes / No	
Depression, mental illness or nervous breakdown?	Yes / No	
Rheumatism or arthritis?	Yes / No	
Back trouble?	Yes / No	
Typhoid, paratyphoid or other gland trouble?	Yes / No	
Digestive or bowel disease?	Yes / No	
Diabetes, thyroid or other gland trouble?	Yes / No	
Bladder or kidney trouble?	Yes / No	
Dermatitis or skin trouble?	Yes / No	
Vericose veins?	Yes / No	
Any other accident, operation or illness?	Yes / No	
Have you any reason to believe you may be infected with any communicable disease?	Yes / No	
Any other current or recent medical condition or treatment which might affect your attendance or performance at work?	Yes / No	
Do you intended to work night duties on a regular basis?	Yes / No	
Any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the past year?	Yes / No	
Any physical impairments, including defect of sight or hearing? if yes, please specify any special needs in relation to your disability.	Yes / No	
Do you smoke?	Yes / No	

How many units of alcohol do you drink per week? (One Unit = 1/2 pint beer = 1 glass wine = 1 single whisky)

SPECIAL REQUIREMENTS (CARE SECTOR)

Because this position involves the care of vulnerable adults, employment is depending on the following

1. Your written consent to obtaining a standard / enhanced disclosure certificate from the Criminal Records Bureau or an approved umbrella body.
2. Such disclosure being acceptable to the company.
3. Proof of Identity- birth or marriage certificate (where appropriate) and passport / driving licence (if available)
4. Two satisfactory written references.
5. That you will supply a photograph of yourself / (your consent to photograph) for retention in your records.
6. Evidence of physical or mental suitability for your work.

DECLARATION (Please read 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 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 prior 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.
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau / Scottish Criminal Records Office for a standard or enhanced (as appropriate) disclosure. I also agree that the company may apply to my previous employers for references. I understand that should I fail to do so or should the disclosure or reference not be to the satisfaction of the company, any offer of employment may be withdrawn or my employment terminated.

Signed:

Print Name:

Date: