



Divine HomeCare

Your Care, Your Trust, Our Passion.

Personnel: Application Form

STRICTLY CONFIDENTIAL

Application for Employment

Please type or complete this form in black ink

POSITION APPLIED FOR	Date of Application ____/____/____
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1 PERSONAL DETAILS

Surname	First names
	Previous Names
Address	Home Telephone No.
	Work Telephone No.
Post code	
National Insurance Number	Mobile No.
Immigration Details	
Are you a citizen of the EU?	Yes/No
Do you need a work permit?	Yes/No
Current driving licence?	Yes/No
Do you have a car for work use?	Yes/No



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2 EDUCATION

Schools/FE/HE attended	Examination Grade	Year Obtained



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3 PREVIOUS EMPLOYMENT

A full employment history must be detailed beginning with your current employment, and covering all reasons for gaps in any given year.

Date		Employer's name (most recent first)	Position held	Salary & Benefits	Reason for leaving
From	To				



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4 REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS

Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose? YES/NO

Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

Signature:

Date:

Failure to declare or the falsification of any of the above details will result in the withdrawal of any job offer.

5 ADDITIONAL PERSONAL DETAILS

Outside interests, leisure time activities and other personal information which you think may assist us in evaluating your application.



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6 REFERENCES

Please give the name and address of two referees, one of whom **must** be your present employer, or your previous employer.

Name	Status	Address and Telephone No
1.		
2.		
3.		

This organisation seeks to work in a flexible and family friendly manner with its staff, however unsocial hours are part and parcel of a quality care service. Weekend working is a requirement for all staff, the frequency of which will be determined at interview.

Please indicate holiday dates if already booked

Period of notice required in present post

Earliest start date



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Thank you for completing this application form.

I declare that to the best of my knowledge, all of the information contained and documented herein is complete and truthful.

Signature:

Date:

FOR OFFICE USE ONLY

Applicant shortlisted

Yes/No

Interview Date:

/ /

References requested:

/ /

Verbal reference check:

Yes/No

Date:

/ /

Additional Notes from application

Application completed

Yes/No

Full employment history?

Yes/No



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Notes for interview

Completed By:



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Equal Opportunities Monitoring

This section of the application will be detached and used for monitoring purposes only. Our organisation recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation religion or belief. We welcome applications from all sections of the community.

Date of Birth:	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this

Race Relations (Amendment) 2000

I would describe my ethnic origin as (please indicate with a tick):

Asian or Asian British	Mixed Raced	Other Ethnic Group
<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background	<input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other missed background	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not want to disclose this
Black or Black British	White	
<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background	

Employment Equality Regulations 2003

Please select the option which best describes your sexuality.

Please indicate your religion or belief

<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual	<input type="checkbox"/> I do not wish to disclose this	<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam <input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism	<input type="checkbox"/> Judaism <input type="checkbox"/> Hinduism <input type="checkbox"/> Other <input type="checkbox"/> I do not wish to disclose this
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Health Questionnaire

(To be used for those applicants that have been deemed appointable).

In order to comply with the Health and Social Care Act 2008 and the Equality Act 2010, please complete this questionnaire as fully as possible. Failure to do so could impede or delay your appointment. All information is confidential.

Have you ever had or suffered from:	Circle Yes or No
Epilepsy/Blackouts	Yes/No
Nervous Mental Disorders	Yes/No
Migraine/Headaches	Yes/No
Sensory Impairment	Yes/No
Skin Allergies	Yes/No
Back pain/Previous Back Injury	Yes/No
Heart Condition	Yes/No
Asthmatic or respiratory ailments	Yes/No
Recurring Incidence of Illness	Yes/No

Are you registered disabled? If yes, please detail	Yes/No
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Please List Below any Periods spent Outside of the United Kingdom as a Resident (do not include holidays)
1
2
3

Please List below any vaccinations or immunisations
Date
Immunisation
Expiry
Date
Immunisation
Expiry
Date
Immunisation
Expiry
Date
Immunisation
Expiry



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I declare that the information given is correct to the best of my knowledge. In my view, I am fit physically and mentally to undertake this post. I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give the employer the right to investigate all references.

Signature:

Date: