**JOB APPLICATION FORM**

**Before completing this application form, please read attached guidance notes which will help you to complete your application.**

|  |  |
| --- | --- |
| Post applied for : |  |

Are you permitted to work in the United Kingdom? Yes  No

I require a work permit

**PERSONAL DETAILS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname :** | |  |  | **Home Tel :** |  | | |
| **First Name :** | |  |  | **Mobile Tel** |  | | |
| **Home Address :** | |  |  | **Work Tel :** |  | | |
|  | |  |  |  | | |  |
| **Postcode :** | |  |  |  |  | | |
|  |  | |  |  | |  | |
| **Email :** |  | |  | **National Insurance No :** | |  | |

|  |  |
| --- | --- |
|  |  |
| \* Do you have a full Driving Licence that allows you to drive in the UK? | Yes  No |
| \* Do you have access to a car that you can use for work? | Yes  No |
| \* Have you ever been banned from driving, or do you have any current endorsements on your licence? | Yes  No |
| \* Does you car insurance include Class 1 business insurance? | Yes  No |
|  |  |

**References:**

**Please provide us with two references, one of whom should be your present or most recent employer**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name :** |  |  | **Name :** |  |
| **Job Title :** |  | **Job Title :** |  |
| **Organisation :** |  | **Organisation :** |  |
| **Address :** |  | **Address :** |  |
| **Tel Number :** |  | **Tel Number :** |  |
| **Dates from / to :** |  | **Dates from / to :** |  |
|  |  |  |  |
| **Capacity in which they know you (e.g. Line Manager)** | | **Capacity in which they know you (e.g. Line Manager)** | |
| May we contact this reference prior to interview? | | May we contact this reference prior to interview? | |

**EDUCATION/QUALIFICATIONS/TRAINING**

Please give information about qualifications gained relating to the role you are applying for – please continue on a separate sheet where necessary:

|  |  |  |
| --- | --- | --- |
| **EDUCATION / QUALIFICATIONS** | |  |
| **Qualifications** | **Date** | **Grade** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **TRAINING (If you have undertaken any relevant training to this post please give details)** | | |
| **Course details** | **Date** | **Training provider** |
|  |  |  |

**EMPLOYMENT BACKGROUND (please continue on a separate sheet if necessary)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CURRENT / MOST RECENT JOB** | |  | | | | |
| **Employer’s name** |  | | Salary | |  | |
| **Job Title** |  | | **Notice required** | |  | |
| **Reason for leaving** |  | | | | | |
| **Brief Description of Duties :** | | | | **Dates (month & year)** | | |
|  | | | | From | | **To** |
|  | |  |

Please state the Number of days of absence you have had due to sickness within the last three years. ………

And within the last year……….

**PREVIOUS JOBS (PAID AND VOLUNTARY)**   
Please detail the most recent first. **Where there are gaps between jobs please indicate why, for example; continuing education, family, child care, unemployment or travelling. *Continue on a separate sheet if necessary.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer’s name** |  | Reason for leaving | | |
| **Job Title** |  |  | | |
| **Brief Description of Duties :** | | | **Dates (month & year)** | |
|  | | | From | **To** |
|  |  |

## 

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer’s name** |  | Reason for leaving | | |
| **Job Title** |  |  | | |
| **Brief Description of Duties :** | | | **Dates (month & year)** | |
|  | | | From | **To** |
|  |  |

## 

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer’s name** |  | Reason for leaving | | |
| **Job Title** |  |  | | |
| **Brief Description of Duties :** | | | **Dates (month & year)** | |
|  | | | From | **To** |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer’s name** |  | Reason for leaving | | |
| **Job Title** |  |  | | |
| **Brief Description of Duties :** | | | **Dates (month & year)** | |
|  | | | From | **To** |
|  |  |
|  |  |

## SHORT LISTING INFORMATION Skills and Abilities/ Knowledge & Experience/ Qualities

**This is an important part of the application.** Tell us why you are applying for this job. You should also show how you meet the requirements of the person specification by providing details of your experience, skills & knowledge gained in employment, voluntary work or elsewhere.

|  |
| --- |
|  |

*Please continue on a separate sheet if necessary*

**The Data Protection Act 1998** requires that any staff handling personal data on others must follow certain principles in relation to the data that they hold. Individuals have rights of access to data that is held on them and rights to claim for damages if various offences occur. This covers manual as well as computerised records.

In implementing the legislation, Crosspath Care LTD adopts a simple and straightforward policy that is, so far as is possible, easy to understand and unambiguous in its application.

If you are unsuccessful in this application, we will keep this form on file for 6 months should you wish to be considered for other vacancies within the organisation. Please tick to show your agreement to this.

|  |  |
| --- | --- |
| **Previous Application :** | If you have previously applied to us for work, when did you apply and what was the vacancy? |
|  |  |

Were you interviewed? Yes  No

If yes, what was the outcome?

|  |
| --- |
|  |

**Availability to Work Form**

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_

Date available to work:­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate your availability to work by completing the table below:

|  |  |  |
| --- | --- | --- |
| Day | Times available | |
| From | Until |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

|  |
| --- |
| Rehabilitation of Offenders Act 1974 The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986 provides that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any convictions which would otherwise be spent. The Care Home Regulations provide that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any criminal convictions, conditional discharges, bindovers or cautions that they have been subject to at any time in the past.  *Your answer to the following question should include any ‘spent’ convictions, conditional discharges, bind-overs or cautions. The ‘Company’ actively promotes equality of opportunity for all as stated in its Equal Opportunities policy.*  **Have you ever been convicted of a criminal offence or received a Police**  **Conditional discharge, bind-over, caution, warning or reprimand?  Yes  No**    **Have you ever been issued with a Penalty**  **Notice for Disorder?  Yes  No**  If so, what was the offence? …………………………………………Date ………………………..  Making a false statement or any attempt to conceal information regarding this declaration will lead to the rejection of your application for employment with this company. Any details provided will be treated in the strictest confidence and will not automatically exclude anyone from being considered for any vacancy. DECLARATION I have completed an Application for a Criminal Disclosure and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults or children.  I also give permission for a copy of the disclosure to which I am subject, being made available to a named Authorised Person upon written request, who acts on behalf of a National Government or Local Government Department for auditing purposes.  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

##### DECLARATION

**Health Statement:** After completing the above job application I hereby confirm that I am physically and mentally able to perform all the requirements for the job applied for and will disclose any medical information relating to my ability to work as expected at time of interview

**Recruitment:** Employees will be recruited on the basis of their qualifications and experiences to do the work to be performed, regardless of sex, sexual orientation, marital status, race, colour, ethnic or national origin, religion or belief, political opinion, age, disability and union membership status. However before any firm offer of employment is confirmed you will be required to complete a Criminal Records Declaration We comply with the DATA Protection Laws in the United Kingdom and take all reasonable care to prevent any unauthorised access to your personal data. We have a responsibility to keep your information confidential and will only use it for the purposes of recruitment and employment. Your personal information will not be passed to any third party without your consent or lawful excuse Any offer of employment by will be subject to receipt of References, a Disclosure and Barring Service Enhanced Check (and when necessary Registration with the Independent Safeguarding Authority) and / or Medical Report which are satisfactory to us

**Statement of Truth:** It is understood that any offer of employment will be made on the condition that the above information is true to the best of my knowledge and belief. I accept that if I am offered and accept employment and it subsequently emerges that I have deliberately provided false information then this may result in my dismissal. I also expressly consent to you contacting the various educational and / or training organisations I have attended for the purpose of verifying the information that I have provided in this form

Print Name:

Signed:

Date:

**PLEASE RETURN THE APPLICATION FORM TO: info@crosspathcare.co.uk**