

# Job Application Form

Post applied for:

CARE ASSISTANT

## Personal Information

|                      |                      |           |                      |
|----------------------|----------------------|-----------|----------------------|
| Mrs/Miss/Ms/Mr/Other | <input type="text"/> | Address   | <input type="text"/> |
| Forenames            | <input type="text"/> |           | <input type="text"/> |
| Surname              | <input type="text"/> |           | <input type="text"/> |
| Tel (Home)           | <input type="text"/> | Post Code | <input type="text"/> |
| Mobile No:           | <input type="text"/> |           | <input type="text"/> |
| Date of Birth        | <input type="text"/> |           | <input type="text"/> |
| N.I. No              | <input type="text"/> | Email     | <input type="text"/> |

## Education and Training

| Secondary School                     | From | To | Qualification |
|--------------------------------------|------|----|---------------|
| Further Education / Higher Education |      |    |               |
| Part-time Education/Courses taken    |      |    |               |
| Additional Training attended         |      |    |               |

# Violets Homecare Services Ltd

## Employment History

Name & Address of Employer  
(Most Recent)

Position held :

Brief description of position held:

Reason for leaving:

Date joined (mth or year)

Date left (mth or year)

Name & Address of Employer

Position held :

Brief description of position held:

Reason for leaving:

Date joined (mth or year)

Date left (mth or year)

Name & Address of Employer

Position held :

Brief description of position held:

Reason for leaving:

Date joined (mth or year)

Date left (mth or year)

## About yourself

Please give a brief discription of the qualities and skills you could bring to the company:-

**Preferred working times or periods**

*\*\*Please tick the following periods you are available to work\*\**

| SHIFT:                                    | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|--------|---------|-----------|----------|--------|----------|--------|
| Morning round approx.<br>07.00 to 11.00am |        |         |           |          |        |          |        |
|   |        |         |           |          |        |          |        |
|   |        |         |           |          |        |          |        |
| Lunch round approx.<br>11.45am to 2.30pm  |        |         |           |          |        |          |        |
|   |        |         |           |          |        |          |        |
|   |        |         |           |          |        |          |        |
| Tea round approx. 3.30pm<br>to 6.30pm     |        |         |           |          |        |          |        |
|   |        |         |           |          |        |          |        |
| <b>EVENING PERIOD</b>                     |        |         |           |          |        |          |        |
|   |        |         |           |          |        |          |        |
| PM round approx. 6.45pm<br>to 10.00pm     |        |         |           |          |        |          |        |
|   |        |         |           |          |        |          |        |
|   |        |         |           |          |        |          |        |

## REFERENCES

Please supply the names and addresses of two persons from whom we may obtain both character and work experience references.

### 1st Reference

|                       |  |                  |  |
|-----------------------|--|------------------|--|
| Person's Name         |  |                  |  |
| Company Name          |  |                  |  |
| Persons Job Title     |  |                  |  |
| Address of reference  |  |                  |  |
|                       |  | Post Code        |  |
| Telephone Number      |  | Mobile No        |  |
| Email Address         |  |                  |  |
| How long known to you |  | In what capacity |  |

### 2nd Reference

|                       |  |                  |  |
|-----------------------|--|------------------|--|
| Person's Name         |  |                  |  |
| Company Name          |  |                  |  |
| Persons Job Title     |  |                  |  |
| Address of reference  |  |                  |  |
|                       |  | Post Code        |  |
| Telephone Number      |  | Mobile No        |  |
| Email Address         |  |                  |  |
| How long known to you |  | In what capacity |  |

### YOUR CAR

|                                       |  |                          |  |
|---------------------------------------|--|--------------------------|--|
| Do you have a current driving licence | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Is your car owned by you | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
|---------------------------------------|--|--------------------------|--|

### CRIMINAL RECORD

Please note below any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. If your application is successful we would need to obtain an Enhanced Criminal Record Disclosure from the Criminal Records Bureau, which would detail any cautions, warnings and convictions you have received.

Do you have any Criminal Warnings, Cautions or Convictions:  Yes /  No If YES - give details below

Details:

### DECLARATION (please read this carefully before signing this application)

I declare 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.

I agree that the organisation reserves the right to require me to undergo a medical examination. (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 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.

I agree that should I be successful in this application, my employer will apply to the Criminal Records Bureau for an enhanced' disclosure. I understand that should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

|        |  |       |  |
|--------|--|-------|--|
| Signed |  | Dated |  |
|--------|--|-------|--|