



## EMPLOYMENT APPLICATION FORM

**POSITION APPLIED FOR:** \_\_\_\_\_

**The following information will be treated in the strictest confidence.**

### PERSONAL

(Please complete this section in BLOCK CAPITALS)

Title: (Mr/Mrs/Ms/Miss)			
Surname:		First Name(s):	
Address:			
		Postcode:	
Tel. No:		Email Address:	
Date of Birth:		National Insurance No:	
Next of Kin: (Emergency Contact)		Relationship:	
Address:			
Postcode:		Telephone No:	
Do you have a Bank Account	YES/NO	Do you have a full driving licence:	YES/NO
Endorsements:	YES/NO		
If YES, give dates/details			
Do you consider yourself to be in good physical and mental health?			YES/NO
Are you willing to work overtime and weekends if required?			YES/NO
If YES, please give full details			
Please give details of any hours which you would not wish to work:			
How much notice are you required to give to your current employer?			

### TRAINING

Job related Training Courses Name of Organisation Are you training for NVQ Level 2 in care?	Date	Subject

(Continue on a separate sheet if necessary)

## PRESENT OR LAST EMPLOYER

Are you currently employed? YES/NO

Name of present or last employer:		
Address:		
Telephone No:		
Nature of business:		
Current salary:	Job title and a brief description of your duties	
Length of Service:	From:	To:

## REFERENCES

Please give the names of three people (one of which should be your present or most recent employer) and one who can act as a character referee whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? YES/NO

Name:(Mr.Mrs.Ms.Miss)	Name:(Mr.Mrs.Ms.Miss)
Position:	Position:
Address:	Address:
Postcode:	Postcode:
Tel. No.	Tel. No.:
Capacity in which referee knows you:	Capacity in which referee knows you:

Name:(Mr.Mrs.Ms.Miss)
Position:
Address:
Postcode:
Tel. No.
Capacity in which referee knows you:

## EMPLOYMENT DETAILS

Please give details of your past employment, excluding your present or last employer, starting with the most recent.

Details must be provided of the reasons for any employment breaks.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

(Continue on a separate sheet if necessary)

## CRIMINAL RECORDS BUREAU & ISA – VETTING & BARRING SCHEME

**Because the nature of the work involves direct contact with vulnerable people an Enhanced Disclosure from the Criminal Records Bureau will be required. Also from July 2010 you will have to apply to be registered with the Independent Safeguarding Authority.**

**The costs of the CRB Disclosure will be borne by Individual Care Services, however should you fail (for whatever reason) to complete 26 weeks employment with the Company the total costs will be deducted from your final pay cheque.**

**We will not use the information obtained through any Disclosures to discriminate unfairly against those with convictions irrelevant or unrelated to the application in hand.**

## Rehabilitation of Offenders Act 1974 (Exception Order)

**Under the terms of the above order you are not entitled to withhold information about convictions which otherwise might be considered “spent”. In the event of employment, failure to disclose such convictions could result in dismissal or disciplinary action. Please give details of any convictions you might have.**

--

### SOURCE OF APPLICATION

How did you hear of this vacancy?

--

### DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal

Signature:	Date:
------------	-------



# Equal Opportunities Monitoring Form

Individual Care Services is an Equal Opportunities Employer. The Charity operates a policy that aims to ensure that unfair discrimination does not take place. In order to help the Charity monitor the effectiveness of its recruitment policy, you are asked to provide the information requested below. Your name is requested solely so that appointment procedures can be monitored. The ethnic groupings listed in question 8 are those agreed by the Commission for Racial Equality.

The details supplied are confidential and will only be seen by a designated senior member of the Charity.

Please complete this form and return it with your application.

Surname: ..... Forenames: .....

Date of birth? .....

1. Where did you see this post advertised? .....
2. Post to which this form relates: .....
3. Are you: Female/ Male
4. Are you: Single/Married/Widowed/Separated/Divorced
5. Do you have children? Yes/ No
6. Do you have children under 16 or other dependent people living with you at present? Yes/No
7. Are you registered Disabled? Yes/No
8. Do you speak English fluently? Yes/No
9. Please state any language in which you are fluent in addition to English: .....
10. To which of these groups do you consider you belong?  
Please tick one.

- White-European including UK
- White-other (specify below)
- Black-Afro Caribbean
- Black -African
- Black-Asian
- Black other (specify below)
- Other including mixed (specify below)

.....

**Thank you, your cooperation is much appreciated.**