



EMPLOYMENT APPLICATION FORM

Position Applying For:		Passport Photo	
PERSONAL INFORMATION			
First Name/Given Name	Last Name/Family Name	Middle Name	
Prefix Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/>	Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>		
Date of Birth (dd/mm/yyyy)	Country of Birth	Nationality	Identity Card No./Passport No.
Home Address:		Home Tel. No.:	
		Mobile Tel. No.:	
Correspondence Address (if different from above)		Fax No.	
		Email Address	
Please state your National Insurance Number (NI)			
If you are from outside the European Economic Area, do you need a work permit for this post?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
If yes, do you certify that you have a valid work permit, allowing you to perform this role?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
NEXT OF KIN DETAILS			
Next of Kin's Name			
Relationship to Applicant			
Next of Kin's Address			
Contact Details:	Tel:		
	Mob:		
	Email:		



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EDUCATION & PROFESSIONAL TRAINING			
Education Centre (<i>school, college etc</i>)	DATES		Qualifications gained
	from	to	
1. Secondary Education (<i>secondary school</i>)			
2. Higher Education (<i>university / college / polytechnic</i>)			
3. Further Education (Professional Training)			
4. Membership of Professional Organisations			
PERSONAL DBS CERTIFICATES			
<p>If the position you are applying for (whether paid or voluntary) is listed in Schedule 1, Part II of the <i>Rehabilitation of Offenders Act (Exceptions) Order 1975</i>, we are entitled to ask Exempted Questions as defined by Section 113(5) of the <i>Police Act 1997</i> about you. We are required to check a DBS Certificate in relation to any person who is a Care Manager or Care Worker. If your application is successful and before your appointment is confirmed, you will be required to submit a personal current and valid DBS Certificate for our inspection.</p> <p>Having a criminal record will not necessarily bar you from working with us. This will depend upon the nature of the position and the circumstances and background of your offences. We observe the "Code of Practice for Registered Persons and Other Recipients of Disclosure Information" published through the <i>Disclosure & Barring Service</i> on behalf of the Home Office, and we will provide you with a copy of it upon request.</p> <p>Have you had any criminal convictions (including spent convictions under the rehabilitation of offenders Act 1974)? If yes, Please give details below. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

EMPLOYMENT HISTORY

List your present or most recent employer first. If you held significantly different positions with the same employer, list them separately. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Please Provide your FULL employment history. Record and Explain any gaps in employment. You may continue on an additional sheet if required.

Employer Name & Address	Position Held	Dates		Reason(s) for leaving
		From	To	



DRIVING

Do you hold a current full UK Driving License or equivalent?	Yes / No
Details of any endorsements?	
Do you have a car?	Yes / No

Statement in Support of Application (continue on a separate sheet if required).

Please state why you believe you are a suitable candidate for this post by explaining how you meet these requirements and the experience which you have which is relevant. Please give examples of particular achievements.



OTHER INFORMATION

Earliest Date Available if Appointed

Are you subject to any restrictions or covenants from your previous employer which may restrict your working activities? If yes, Please give details Yes No

Are you willing to work overtime and weekends, if required? If yes, Please give details of hours which won't suit you. Yes No

You may be required as part of your Application to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination prior to employment?

- Yes
- No

Have you applied for employment with this company before? Yes No

DECLARATION

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any physical impairment or health problem? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted in a court of law in any country? If yes, what were the circumstances? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been dismissed or suspended from the service of any employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you bound by any bond to serve the government, or any organisation? |

If yes to any of the above, please give details here

- | | |
|--|---|
| Have you ever interviewed with the Company or its affiliates before?
<input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, list job title & location applied for |
| Have you ever been employed by the Company or its affiliates before?
<input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, list date(s), job title(s) & location(s) |
| Do you have any relatives employed by the Company or its affiliates?
<input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, list name, relationship, job title and location |

CERTIFICATION & AUTHORIZATION

I certify that all entries are true and correct. I understand that all information on this application is subject to verification.

I agree and understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading, regardless of time of discovery.

DATE: _____ SIGNATURE OF APPLICANT: _____

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

I hereby acknowledge that I have read and agree to the above statements

DATE: _____ SIGNATURE OF APPLICANT: _____

FOR OFFICIAL USE ONLY				
Date of Commencement	Designation	Department	Grade	Starting Pay
Interviewed By	Recruitment Sources:			
Date	Source Name:			

FOR OFFICE USE ONLY:

To the best of my knowledge, based on the information given throughout this pre-employment questionnaire, the applicant,

(.....) is both mentally and physically fit for the post applied for.

Manager signature _____

Date _____