

Chesterford Homecare Ltd Staff Application Form

Please complete this form in black ink and complete all sections

| Applicant Full Name: | | |
|-----------------------|----------------|--|
| Position Applied for: | | |
| | | |
| | Photograph Box | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Data Protection Statement

The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Company to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.

Equal Opportunity Statement

The Company's Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, sex, ethnic origin, nationality, colour, religious persuasion or belief, cultural or linguistic background, marital status, sexual orientation, disability, or offending background.

Please Note:

This document may be backed up with a Curriculum Vitae (CV) but **must be completed** as a priority as a CV is not an application for employment.

| | | (| Contact Deta | ils: | | |
|--|-----------------------------------|--------------|---|---------------|-------------|-----------------------|
| Applicant's Name: | | | | | | |
| Address: | No: | Street: | Town/City: | County: | | Post Code: |
| | | | | | | |
| Telephone: | | Home: | Work: Mobile : | | | Mobile: |
| email : | | | | | @ | |
| Date available to start work: | | | How did you hear | r of this pos | sition? | |
| May we contact you at work? | | Yes | □ No □ Pl | ease tick as | appropriate | 2 |
| | | Formal Educa | tion and Qua | alificatio | ons: | |
| Secondary Education Name of School/Co Location: (Include education countries if approp | ollege and in other riate): | | udied at GCE/GCSI against each subj | | | |
| | | | Year qualification obtain ady/Qualification(s) gained "A" levels, NVQ, Degree etc | | | alification obtained: |
| | | | | | | |

| Next of Kin: | | | | | | |
|--|--|---------------|--|-------------------------|--|--|
| Name: | | Tel: | | | | |
| Address: | Mobile: | | | | | |
| Relationship to you: | Email: | | | | | |
| | Gene | ral Health: | , | | | |
| Are you in good health? | | Have you ever | Have you ever had any serious illness or injury? | | | |
| Yes □ No □ Please tick as ap | Yes □ No □ <i>Please tick as appropriate</i> | | | | | |
| If No, please give brief details. | If Yes, please give brief details. | | | | | |
| | | | | | | |
| | | | | | | |
| Employment History - from full time education: (Attach extra sheets if necessary) If there are "gaps" in the employment history, please complete the sheet entitled "Gaps in Employment History" | | | | | | |
| | Dates of Em | nployment: | | | | |
| Name of Employer and location: | From | То | Position held and brief summary of duties and | Reason for leaving/Last | | |
| | Month/Year | Month/Year | responsibilities: | salary or wage: | | |
| Current Employer First – If not currently employed, please leave this section blank | | | | | | |

| Name and Address of 3 rd Most Recent Employer (If you need more space to add all your previous employers, please use the additional sheet provided.) | | | | If you have attached an extra sheet insert a tick Here | | |
|--|---|--------------|--|--|--|--|
| | Drive | r's Licence: | | | | |
| Do you hold a valid and current Britis | sh Driver's Licen | ce? | | | | |
| Yes No Please tick as app | propriate | | | | | |
| If Yes, what type? (E.g. Provisional | If Yes, what type? (E.g. Provisional, Full, LGV, PCV) | | | | | |
| Do you have any endorsements? | | | | | | |
| Yes □ No □ Please tick as app | propriate | | | | | |
| If Yes, please give details below | | | | | | |
| Is your vehicle insured for business us | se? | | | | | |
| Yes □ No □ Please tick as app | propriate | | | | | |
| | | | | | | |
| Additional Information: Give details of any additional information which you would like to include in support of your application. Such information, for example, may include skills and/or achievements which you think may be of interest, and/or a summary of why you believe that you have the qualities we are looking for. Please provide details of any relatives employed by the Company and their relationship to you. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Do you have to give notice to any pre | | | | | | |
| Yes No Please tick as appl | • | | | | | |
| If Yes, how much notice do you have | to give? | | | | | |

References:

| References are | normally | taken ι | up for cand | idates se | elected for | interview | . Give de | tails of t | he names, | /addresses | of two |
|----------------|------------|----------|-------------|-----------|-------------|------------|-----------|------------|------------|------------|----------|
| work-related R | eferees. C | One of t | he Refere | es should | d be your | current ei | mployer, | or if pre | sently une | employed (| or self- |
| employed, your | r last emp | loyer | | | | | | | | | |

| Name, A | ddress and Post Code: | Name | , Address and Post Code: |
|-------------------------|--|----------------------|--|
| | | | |
| Phone Number: | | Phone Number: | |
| Position in Company: | | Position in Company: | |
| Email Address: | | Email Address: | |
| - | act the above person now? ease tick as appropriate | | ontact the above person now? Please tick as appropriate |

Rehabilitation of Offenders Act:

As a general rule, no-one need answer questions about spent convictions. However this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:

- a) any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties, or
- b) any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his normal duties

One or both of the above apply to your possible work with us, and covers all occupations.

You are therefore requested to provide details of all convictions, including those which would otherwise be considered as "spent". All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.

Records will be checked via the Disclosure & Barring Service procedure

| I have no convictions | I have convictions (see Note below) | |
|----------------------------|-------------------------------------|--|
| Please tick as appropriate | | |

| Note: (To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed "Private and Confidential – Criminal Convictions" and attach this to your completed Application Form) |
|---|
| Criminal Records – Disclosure Certificate: |
| The Disclosure and Barring Service (DBS) have issued a Code of Practice regarding Disclosure Information, a copy of which is available upon request. A Disclosure Certificate (enhanced) will be requested from the CRB which will detail all convictions, including those which would otherwise be "spent", as well as details of cautions, reprimands or final warnings. The certificate requested is for an 'Enhanced Certificate' you are being asked to give your approval to this application. The Disclosure Certificate will only be requested in the event that you are successful in your application for employment. |
| Immigration, Asylum & Nationality Act 2006: |
| Under the Act a person commits an offence if he employs another ("the employee") knowing that the employee is an adult subject to immigration control and that— (a) he has not been granted leave to enter or remain in the United Kingdom, or (b) his leave to enter or remain in the United Kingdom— (i) is invalid, |
| (ii) has ceased to have effect (whether by reason of curtailment, revocation, cancellation, passage of time or otherwise), or (iii) is subject to a condition preventing him from accepting the employment. |
| Any employment offered will be subject to the successful applicant producing appropriate evidence that the Act is not being contravened. |
| Are you eligible to work in the UK? Yes No Please tick as appropriate |

Personal Declaration:

I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and

• I give permission for any enquiries that need to be made to confirm such matters as qualifications. experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose;

Date ____

- I give permission for the processing of the personal data contained in this form for employment purposes;
- I understand that any false or misleading information could result in my dismissal.

Signed

Decision:

| For Office Use Only: | | | | |
|--------------------------------|--|------------|--|--|
| | | Signature: | | |
| Date Application received: | | | | |
| Date Application acknowledged: | | | | |
| Initial Decision: | | | | |
| Date Applicant informed: | | | | |
| Date(s) of Interview: | | | | |
| | | | | |

| Notes: |
|--------|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Employment History Extra Sheet:

Employment History (from full time education) (Attach extra sheets if necessary) If there are "gaps" in the employment history, please complete the sheet entitled "Gaps in Employment History" **Dates of Employment:** Position held and brief summary of duties Reason for Name of Employer and location: and responsibilities: leaving/Last salary From: To: or wage: Month/Year: Month/Year: **Previous Employer - Number 4 Previous Employer - Number 5** Previous Employer - Number 6 Previous Employer - Number 7

Gaps in Employment History Extra Sheet:

Employment History: (from full time education) Gap Reason for Gap in employment: From: To: What were you doing? Month/Year Month/Year

Residential Address History: (Last 5 years)

| From: Month/Year | To: Month/Year | Address: |
|---------------------|----------------|----------|
| Piolitily Teal | Monthly Tear | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |