**APPLICATION FOR EMPLOYMENT**

***IMPORTANT***

*All sections of this application form must be completed. It is the applicant’s responsibility to provide sufficient information for the application to be assessed and care should be taken to ensure that the details are full, accurate and relevant to the requirements set out for the post. Curriculum Vitae (CV) can be attached. Please type or write your answers in BLACK ink and continue on a separate sheet if necessary.*

|  |
| --- |
| What position are you applying for? |
| How did you hear of this vacancy? |
| Date of Application: |
| Date Available: |

For compliance of the **Working Time Directive**, we would appreciate it if you could indicate which age bracket you fall into: **Under 16**                **16‐17**             **18-25+ 25+**

**Personal and Social information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Family Name: | | First Names: | | | |
| Date of Birth: | | Gender | |  | |
| Address: | | Previous Family Name (if applicable)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Numbers  Home: | | | |
| Post Code: | | Mobile: | | | |
| E-mail: | | | | | |
| **Nationality**  Are you a British Citizen? | | | YES/NO  If not, Citizenship: | | |
| National Insurance No: | Passport Number: | | | | Tax Code: |
| Hobbies and other interests: | | |  | | |
| Do you hold a current Full Driving Licence Yes/No  Do you own or have regular use of a car? Yes/No | | | | | |
| **Next of kin details** | | | | | |
| Name & Address of next of kin to be contacted in an emergency:  **Name:** …………………………………………………………………………………………….  **Address:** …………………………………………………………………..……………………..  ……………………………………………………………………………………………………..  **Tel:** …………………………………… **Relationship:** ………………………………..……... | | | | | |

**Education** (Secondary and above)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date**  **From** | **Date**  **To** | **Name and address of School College etc** | **Qualifications** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Employment history** (Show last/current employment first)

We need your **full** employment record. For any period of unemployment please put dates and addresses of the Department of Employment where you registered. Please explain any gaps in your work history.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **From** | **To** | **Name and address of Employer** | **Job Title** | **Salary** | **Reason for Leaving** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Health details (provided in confidence)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and address of Your Doctor: | |  |  |
| May we contact your Doctor? | | Yes | No |
| Have you within the past three years, had any illness or accident which caused you to be off work for two weeks or more?  If yes, what was the illness or accident? | | Yes | No |
| How many days sick leave had you had in the last 3 years? | |  |  |
| Have you ever been medically examined for employment before?  If yes state date and place: | | Yes | No |
| Have you within the past year, attended an out-patients clinic or had a course of treatment (tablets, injections or physiotherapy) lasting one month or more? If ‘yes’ give details: | | Yes | No |
| Are you attending hospital or your GP or receiving any medical treatment at present? If ‘yes’ give details | | Yes | No |
| Are you pregnant? (We need to know this so that we can take steps to protect you and your baby) | | Yes | No |
| Do you smoke? If ‘yes’ how many per day?  Do you drink? If ‘yes’ how many units per day/per week? *(circle)* | Yes  Yes | No  No | Number  Number |
| Have you any permanent disability?    Are you a Registered Disabled Person? | | Yes  Yes | No  No |
| If yes, what is your disability? | | | |
| What is your registered number? | | | |
| Have you ever been refused employment or dismissed on medical grounds? If ‘yes’ give details: | | Yes | No |

The answers supplied to the above questions are true to the best of my knowledge. Furthermore, I undertake, if appointed, to report immediately to my Manager if I or a member of my household should be suffering from vomiting, diarrhoea, skin rash, septic skin lesions or discharges from ear, eye nose or any other site.

1. After returning to, but before re-starting work, after any of the above illnesses, and
2. After returning from a holiday abroad, having suffered from vomiting and diarrhoea for more than two days.

I understand that when deciding to appoint or not appoint me**, Goshen Social Care Ltd** will only take account of any medical conditions I may have where the medical condition contradicts the type of work applied for, and where reasonable adjustments to accommodate my medical condition cannot be made.

**NON-BRITISH & NON-EU NATIONALS**

Is a Work Permit Required? Yes/No

*Please provide copy of passport and work permit*

**PENSION**

Do you currently contribute to a Pension policy? Yes/No

I would like to join the Company Pension Scheme and

Contribute 3% of my salary Yes/No

Do you wish to contribute more than 3% of your salary? Yes/No

**DETAILS OF SKILLS/EXPERIENCE**

Please state the reason why you are applying for this post and give details of any experience/training/skills that you have which you think are relevant together with any other information in support of your application, including details of your present post. (Use additional A4 sheets if needed)

**REFERENCES -** Please provide the names of at least two people, one of whom **MUST** be your present or last employer, who may be asked for a reference. All applications for references will be made in the strictest confidence after first having obtained your permission.

|  |  |
| --- | --- |
| **Name:** |  |
| **Position/Relationship:** |  |
| **Address:** | |
|  | |
| **Contact Number:** |  |
| **Type of reference:** Teacher/Tutor/Employer/Character *(Please circle)* | |

|  |  |
| --- | --- |
| **Name:** |  |
| **Position/Relationship:** |  |
| **Address:** | |
|  | |
| **Contact Number:** |  |
| **Type of reference:** Teacher/Tutor/Employer/Character *(Please circle)* | |

**Data Protection Information**

The information which you have supplied on this form will be processed and may be held on computer, and will be held on your personal records file if you are appointed. The information will also be used for equality monitoring and statistical purposes. By signing this application, you will be deemed to have given your consent to this, including information which may be considered to be sensitive and personal.

**Declaration**

I confirm that I have read and understood this document.

I understand that the completion of this form does not guarantee employment.

I certify that all the information given on this form is true and accept that any mis-statement or suppression of material may mean the cancellation of any appointment, and the termination of any employment.

I understand that any offer of employment made is subject to the receipt of satisfactory references and an Enhanced Criminal Records Bureau Check.

I understand that GOSHEN SOCIAL CARE LTD is an Equal opportunities employer and that an offending record is not necessarily a bar to employment.

As this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975, I hereby undertake to advise **GOSHEN SOCIAL CARE LTD** of any criminal offence which I may be convicted of during my employment with **GOSHEN SOCIAL CARE LTD.**

**Disclosure of Criminal Convictions (Spent and Unspent)**

It is the policy of GOSHEN SOCIAL CARE LTD to require all applicants to disclose criminal convictions, cautions and any other dealings they may have had at any time with the Police.

You are required to include convictions, which may be “spent” under the Rehabilitation of Offenders Act 1974. This is because the job you are applying for is covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and 1986. Both “spent” and “unspent” criminal convictions must therefore be disclosed.

The information you provide will be treated as strictly confidential and will be considered for appointment for which you are applying. Criminal Records Bureau checks will show anything which the Chief Constable feels may be relevant.

Disclosure of any information does not necessarily mean that you will not be considered for appointment. The Company will have regard to the **ACAS Code of Guidance** and a main consideration will be whether the offence if one which would make an applicant unsuitable for the type of work to be done.

Enter any information in the space provided. If you have no information that you believe is relevant, please enter “None”.

|  |  |  |
| --- | --- | --- |
| **Information** | **Date** | **Outcome**  (conviction caution, none) |
|  |  |  |
|  |  |  |
|  |  |  |

**Date: ................................. Signature of Applicant: …………………………….**

**If it is by mail or hand post, please return completed form to: Suite 1.2 Oak Tree House, 408 Oakwood Lane, Leeds, LS8 3LG.**

**FOR OFFICE USE ONLY:**

|  |
| --- |
| **Comments on application form: ………………………………………………………………………………………………………**  **………………………………………………………………………………………………………**  **………………………………………………………………………………………………………**  **………………………………………………………………………………………………………** |
| **Further information required: ………………………………………………………………………………………………………**  **………………………………………………………………………………………………………**  **………………………………………………………………………………………………………** |
| **Action taken: ………………………………………………………………………………………………………**  **………………………………………………………………………………………………………**  **………………………………………………………………………………………………………** |
| **References Checked: YES/NO** |
| **Signed (Registered Manager OR appointed Deputy):…………………………………**  **Name: ……………………………………………………….**  **Date: ……………………………………………………………………………** |