

Job Application Form



Office Use Only: Date received -

Personal Details

Title:	First Name(s):	Surname:
Address:		Town:
County:	Post Code:	
Home Tel Number:		Mobile:
Place of Birth:	National Insurance No:	

Are you willing to apply for Disclosure to the Criminal Records Bureau? Yes No

Health & Disabilities

Do you have any disabilities which may be relevant to this job: Yes No

If yes, please describe them:

Are you registered disabled?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Overall State of Health:	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Hearing:	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Eyesight:	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>

Please give details of any medical condition you have received treatment in the past 5 years

Have you had treatment for any condition relating to the abuse or miss-use of drugs or alcohol

within the last 5 years? Yes No

If yes, please provide brief details:

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General Education

From	To	Name of School	From	To	Name of College / University
Examination results/qualifications/courses obtained					

Employment

Current Employer:	Job title:
Address:	Main Duties:
Post Code:	
Telephone No:	Start Date:
Reason for leaving:	End Date:

Previous Employment (please do not leave any gaps between dates)

Employer	Job title / Duties	Dates From / To
1.		
2.		
3.		
4.		
5.		

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Previous Employment (please do not leave any gaps between dates)

Employer	Job title / Duties	Dates From / To
1.		
2.		
3.		
4.		
5.		

References

Should we contact your current/last employer for a reference Now After interview

Second Reference:

Address:

Post Code:

Telephone No:

Availability

Angels Care Services offer care 24hrs a day. Please indicate specific hours/times of the day you are available. We expect all staff to work as least 1 weekend out of 4.

Time of Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Lunch							
Afternoon							
Evening							

Available to take up employment from:

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Driving Record

Do you hold a current 'Full' driving licence? Yes No

Do you have your own transport? Yes No

If you are a driver, please be aware that you will require business insurance if your application is successful

Rehabilitation of Offenders Act. 1974

Through the 1975 *exemptions order of the rehabilitation of offenders act 1975*, and by virtue of the nature of the post for which you are applying, we are obliged, as your prospective employer, to ask the following question. Any information supplied by yourself will remain confidential and considered only in relation to this Job Application.

With the exception of minor motoring offences, have you ever been convicted of any criminal offence by a court of law? Yes No

If 'Yes' please provide brief details of the offence(s) and relevant dates:

Equal Opportunities - Voluntary Information

As the caring profession is not a 9 to 5 job and to recruit employees on the basis of their general suitability ensuring that consideration of age, sex, marital status, disability and racial or ethnic origin plays no part in this process, please complete this section of the form. Completion is not compulsory but should you give details below the information will be used for no other purpose than that as stated in this paragraph.

Marital Status Single Married Separated Widowed Divorced

Sex Male Female Date of Birth _____

Ethnic Origin Asian African European Polynesian Afro-Caribbean

Other _____

Where did you hear about us? Radio Website Yellow pages
Carer Referral Client Referral Social Services
Other (please state): _____

Declaration - please read carefully then sign and date your application

I confirm that the information I have provided is correct and understand that misleading statements may be sufficient grounds for cancelling any agreements made. I also understand that questions left unanswered may be discussed at interview(s) arising for this application.

Applicants Signature: _____

Date: _____