



EMPLOYMENT APPLICATION FORM

If you need help completing this form please do not hesitate to contact us. Please complete this form in full using **Black ink** only (attach additional sheets if required).

Return completed form to the Home you would most like to work with.

POSITION APPLIED FOR: NURSE <input type="checkbox"/> CARE ASSISTANT <input type="checkbox"/> DOMESTIC <input type="checkbox"/> CATERING <input type="checkbox"/> ADMIN <input type="checkbox"/>	HOME: HAZEL HOUSE <input type="checkbox"/> LEA HOUSE <input type="checkbox"/> WILLOWBANK <input type="checkbox"/> (TICK MORE THAN ONE IF APPLICABLE)	CLOSING DATE: N/A
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PERSONAL DETAILS

TITLE:	SURNAME:	FORENAME(S):
HOME ADDRESS:		TELEPHONE (HOME):
POSTCODE:		MOBILE NUMBER:
		EMAIL:
WORK ADDRESS (IF APPLICABLE):		TELEPHONE NUMBER (WORK):
POSTCODE:		FAX NUMBER:
		EMAIL:

DO YOU REQUIRE A WORK PERMIT?:	YES/NO:
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PRESENT OR MOST RECENT EMPLOYMENT

NAME AND ADDRESS OF PRESENT OR MOST RECENT EMPLOYER:	TITLE OF PRESENT OR LAST POST:
	DATE APPOINTED:
	DATE OF TERMINATION AND REASON FOR LEAVING: (WHERE APPLICABLE)
	GRADE:

	SALARY:
DUTIES OF PRESENT OR LAST POST	

PAST EMPLOYMENT

Please give details of your past work over the last 10 years. This can include paid work, voluntary work or work at home. Start with the most recent first.

EMPLOYER	POST	DATES		REASONS FOR LEAVING
		FROM	TO	

EDUCATION

SCHOOL/UNIVERSITY/COLLEGE	QUALIFICATIONS

PROFESSIONAL REGISTRATION

TYPE OF QUALIFICATION, EG NMC ETC	REGISTRATION NO.	EXPIRY DATE

TRAINING

PROFESSIONAL AND VOCATIONAL TRAINING AND OTHER COURSES ATTENDED		
COURSE TITLE	ORGANISING BODY	DATE AND DURATION OF COURSE

OTHER INFORMATION

PLEASE BRIEFLY DESCRIBE WHY YOU WOULD LIKE TO WORK FOR OUR HOME
HOW CAN YOU MAKE A POSITIVE DIFFERENCE TO OUR RESIDENTS' LIVES?
WHAT WILL THE RESIDENTS LIKE ABOUT YOU?

PERSONAL DETAILS

HOW MANY TIMES (IE SEPARATE OCCASIONS) WERE YOU OFF SICK DURING YOUR LAST 12 MONTHS AT WORK?		
HOW MANY WORKING DAYS DID YOU LOSE AS A RESULT OF THESE ABSENCES?		
PLEASE SPECIFY ANY SERIOUS ACCIDENT OR ILLNESS WITHIN THE LAST 10 YEARS, OR ANY OTHER COMMENT YOU WISH TO MAKE ABOUT YOUR HEALTH ATTENDANCE RECORD.		
HAVE YOU IN THE PAST, OR DO YOU SUFFER WITH ANY OF THE FOLLOWING?		
DIABETES	YES/NO	
ASTHMA	YES/NO	
ALLERGIES (I.E. DERMATITIS; ECZEMA;)	YES/NO	IF YES PLEASE SPECIFY
EYESIGHT PROBLEMS	YES/NO	IF YES PLEASE SPECIFY
TUBERCULOSIS	YES/NO	IF YES PLEASE SPECIFY
HEPATITUS B	YES/NO	IF YES PLEASE SPECIFY
HEPATITUS C	YES/NO	IF YES PLEASE SPECIFY
MIGRAINE	YES/NO	IF YES PLEASE SPECIFY
HEART PROBLEMS	YES/NO	IF YES PLEASE SPECIFY
BACK PROBLEMS	YES/NO	IF YES PLEASE SPECIFY
ARTHRITIS	YES/NO	IF YES PLEASE SPECIFY
MENTAL HEALTH PROBLEMS	YES/NO	IF YES PLEASE SPECIFY

Please note, this post is subject to fitness and you may be asked for confirmation of medical fitness by your doctor.

REFERENCES

The first referee should be your present employer (someone in a managerial position), the second, someone able to comment on your ability to do the job. Personal references are only accepted if you have not been previously employed.

If you do not wish us to contact either or both referees before interview, please put "X" in the boxes below.

1. Name: <input type="checkbox"/>	2. Name: <input type="checkbox"/>
Occupation:	Occupation:
Address:	Address:
Postcode: Tel No:	Postcode: Tel No:
If you are known to your referee by a name other than the one used on the front of this form, please give the name here.	

REHABILITATION OF OFFENDERS ACT 1974

Netley Care Homes aims to promote equality of opportunity for all with the right mix of talent, skills and potential. We welcome applications from diverse candidates. Criminal records will be taken into account for recruitment purposes only when the conviction, caution is relevant. Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemption) Order 1985. Applicants are, therefore, not entitled to withhold information about current convictions, police cautions or those which for other purposes are “spent” under the provisions of the Act. Having an ‘unspent’ conviction will not necessarily bar you from employment. This will depend on the circumstances and background to your offence(s).

Have you got any current or previous convictions or police cautions? If yes, please give details on a separate sheet.	Yes/No
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DECLARATION

I understand that if I am offered the appointment, it will be subject to the information given on this form being correct to the best of my knowledge. I also understand that the appointment will be subject to satisfactory medical screening (if necessary) and references.

Signature:Date:

