**Job Application Form**

**STRICTLY CONFIDENTIAL**

**Application for Employment**

Please type or complete this form in black ink:

|  |  |
| --- | --- |
| POSITION APPLIED FOR: | Date Application Received |

**1 PERSONAL DETAILS**

|  |  |
| --- | --- |
| Surname  | First Names  |
| Previous Names |
| Address | Home Telephone Number |
| Mobile Number |
| Email Address |
| Next of Kin Name & Contact Number & email |
| National Insurance Number |
| Immigration Details |
| Do you need a work permit? Y/N |
| Current driving licence? Y/N |
| Do you have a car for work use? Y/N |

**2 EDUCATION**

|  |  |  |
| --- | --- | --- |
| Schools/Colleges/University attended name and address | Subject/Course & Examination Grade | Year Obtained |
|  |  |  |

|  |  |
| --- | --- |
| Health and Social Care Qualifications - Subject/Course & Examination Grade | Year Obtained |
|  |  |

**3 PREVIOUS EMPLOYMENT**

**A full employment history from when you left school must be detailed beginning with your current employment and covering all reasons for gaps in any given year.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Employer’s name (most recent first) | Position held | Salary & Benefits | Reason for leaving |
| From | To |
|  |  |  |  |  |  |

**4 REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS**

|  |
| --- |
| Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.Do you have any convictions to disclose? YES/NOAny information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment. |

Signature: Date:

**Failure to declare or the falsification of any of the above details will result in the withdrawal of any job offer**

**ADDITIONAL PERSONAL DETAILS**

|  |
| --- |
| Outside interests, leisure time activities and other personal information which you think may assist us in evaluating your application. |

**6 REFERENCES**

|  |
| --- |
| Please give the name and address of two referees, one of whom ***must*** be your present employer, or your previous employer, please include all names and address of all jobs where you have worked in health and social care. |
| Name | Role undertaken | Address/Telephone/Email |
| 1. |  | AddressTel:Mobile:Email |
| 2. |  | AddressTel:Mobile:Email |
| 3. |  | AddressTel:Mobile:Email |
| 4.  |  | AddressTel:Mobile:Email |

By signing I declare that I give consent for my referee’s to be contacted for a reference.

Signature: Dat

Gabriel’s Angels Ltd. seeks to work in a flexible and family friendly manner with its staff, however unsocial hours are part and parcel of a quality care service. Weekend working is a requirement for all staff, the frequency of which will be determined at interview.

**Please indicate holiday dates if already booked**

**Period of notice required in present post**

**Earliest start date**

Thank you for completing this application form.

I declare that to the best of my knowledge, all the information contained and documented herein is complete and truthful.

Signature: Date:

***FOR OFFICE USE ONLY***

Yes/No

Applicant shortlisted

/ /

Interview Date:

/ /

References requested:

/ /

Yes/No

Verbal reference check: Date

**Additional Notes from application**

Yes/No

Application completed

Yes/No

Full employment history?

**Notes for interview**

/ /

**Completed By: Date:**