***Little Oldway***

 ***(Proprietors: Mr and Mrs Knowles)***

 ***(Morag Hudson – Manager)***

**Little Oldway**

Oldway Road

Paignton

Devon

TQ3 2TD

(01803) 527 156 **Application for Employment**

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| **POSITION APPLIED FOR:** |
| **FORENAMES: SURNAME:****TITLE:**  |
| **CURRENT ADDRESS:****POST CODE: MONTH/YEAR WHEN MOVED IN:** |
| **DO YOU REQUIRE A WORK PERMIT TO WORK IN THE UK?** |
| **NATIONALITY ;**  |
| **HAVE YOU A CURRENT DRIVING LICENSE ;** |
| **HOME TEL: MOBILE TEL:** |
| **PREVIOUS ADDRESS (If less than 5yrs include month/year)**  |
| **NATIONAL INSURANCE NUMBER:** |
| **If you are successful in your application then the following information will be required prior to your starting.****Please tick all that you are happy and able to supply.**

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| **P45/p46** |
| **Bank details (name of bank, sort code, account number)** |
| **Name, address & next of kin and contact number** |
| **Copies of qualification certificates** |
| **Copies of original birth certificate, passport, recent utility bill driving license with current address.** |
| **Education and Qualifications** |
|  **Any additional courses which you have undertaken which may benefit the job you applied for** |

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| **NAME OF SCHOOL/COLLEGE:** |
| **QUALIFICATIONS OBTAINED:** |
| **Please give details of other courses attended ( eg. Health & safety, fire training, manual handling ect)****If accepted for the position, we will ask to see the certificates**  |

 **Employment History** **Please give details of most current employer first.** |

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| **Are you currently employed? YES/NO** |
| **Would this be your only job? YES/NO** |
| **What notice are you required to give?** |

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| **NAME OF COMPANY** | **POSITION HELD** | **FROM** | **TO** | **SALARY** | **REASON FOR LEAVING** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**References**

|  |  |
| --- | --- |
| **NAME:** | **NAME:** |
| **ADDRESS:** | **ADDRESS:** |
| **TEL:** | **TEL:** |
| **EMAIL:** | **EMAIL:** |
| **RELATIONSHIP:** | **RELATIONSHIP:** |
| **HOW LONG KNOWN:** | **HOW LONG KNOWN:** |

**Additional Information**

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| Please continue on another sheet if required. |

**Emergency Contacts**

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| **NAME OF G.P:****ADDRESS:** | **NEXT OF KIN:****ADDRESS:****RELATIONSHIP:** |
| **TEL:** | **TEL:** |

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| THE REHABILITATION OF OFFENDERS 1974 (EXCEPTIONS ORDER 1975)By virtue of the rehabilitation of offenders act 1974 (Exceptions order 1975), the provision of section 4, 2 of the Rehabilitation of offenders act do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. Your answer to the following questions should include any ‘spent’ convictions. |
| **Have you ever been convicted of a criminal offence?** |  YES/NO |
| If YES, please give details |  |

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| In order to work in a care home it is a requirement for all employees to have a POVA & CRB check. |

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| **DECLARATION** (Please read this carefully before signing this application) |
| I confirm that the above information is complete and correct and that any untrue or misleading information will give the employer the right to reject my application, to withdraw any employment contract offered, or if employed, dismiss without notice. I agree that the information provided in this application form may be processes by the employer in relation to my application for this post to assist in the decision making process. I further expressly agree that, should it be necessary to validate any of the information provided herein, the employer may release this information for verification purposes. If successful in my application it is agreed that any information provided will be retained by the employer in a secure confidential file and the contents only used for necessary business purposes subject to my express consent for disclosure where necessary. |
| Singed: |
| Dated: |

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| --- | --- | --- |
| Interviewed by | Date | Time |

Position Offered YES/NO Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_