

EMPLOYMENT APPLICATION FORM

Post Applied For		Scheme		Source Of Advert	
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PERSONAL INFORMATION			
Title (Mr, Mrs, Ms, Miss):		Home No.	
Surname:		Mob No.	
Forename(s):		Work No.	
Current Address:			
Postcode:		National Insurance Number:	
Email Address:			

	Please Select Appropriate Box								
Have You Had A Disclosure Barring Service (DBS) Check?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Have You Signed Up To The Update Service	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do You Need A Work Permit For Employment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Do You Hold A Current Driving Licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Type of Licence				
Do You Have Any Driving Offences?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes Please Specify Offences:				
Do You Have Your Own Transport?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Can Transport Be Used For Work Purposes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Do You Have Business Insurance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Do You Have A Family Member Or Partner Working Within Care People UK Ltd						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If So, What Area Do They Work?									

PRESENT OR MOST RECENT EMPLOYER: This Information <u>Will Be Used For Your First Work Reference.</u> Contact given must be your immediate manager, supervisor or departmental head (i.e. HR Manager)					
Company Name:			Date Employment Started:		
Company Address:			Reason For Leaving:		
Postcode:			Notice Required:		
Referee Name:			Referee Telephone:		
Referee Job Title:			Referee Email:		
Is It Okay To Contact This Referee Before The Interview?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Current Salary

Manak House, 60 Kangley Bridge Road Lower Sydenham, London SE26 5AL
 Tel: 020 8676 5640 Email: admin@carepeopleuk.co.uk Web: www.carepeopleuk.co.uk
 Company Registration No. 10862642 VAT Registration No. 276 4152 92

Care People UK aim to provide all of our clients with the option to receive all the support services they require from one innovative and effective supplier.

EMPLOYMENT HISTORY

Please give details of **ALL previous employment including any periods of unemployment and reasons why**. Continue on a separate sheet of paper if necessary. This must be your **FULL employment history** or all employment carried out since leaving full time education.

Name and Address of Previous Employers:	Job Title and Main Responsibilities	Start Date: MM/YY	Leaving Date MM/YY	Reason for Leaving

EDUCATION

Please list School/College attended, any examinations taken and the level of pass. Continue on a separate sheet of paper if necessary.

Establishment Name and Address	Date	Course Title/Subjects Taken	Qualification Obtained/Pass Level

RELEVANT TRAINING COURSES ATTENDED

Please list any relevant training courses that you have attended. Continue on a separate sheet of paper if necessary.

Course Title	Date Attended	Expiration Date (If Applicable)

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SPECIFIC EVIDENCE

Using the job description and person specification attached please give further details of any previous experience and skills which you consider relevant to this post. Continue on a separate sheet if necessary.

What hobbies, interests and sport activities are you interested in? Please list these including memberships of clubs and associations

EMERGENCY CONTACT DETAILS

Name:		Relationship:	
Address:		Home No.	
		Mob No.	
Postcode:		Work No.	

ADDITIONAL REFERENCE

This **must** be different to current/most recent employer and immediate manager, supervisor or departmental head.

Contact Name:		Company Name:	
Address:		Referee Job Title:	
		Telephone Number:	
Postcode:		Email Address:	

Is It Okay To Contact This Referee Before The Interview?

Yes ☐ No ☐

On occasion to satisfy Care People UK Ltd requirements it may be requested for you to provide further references from previous employment if we feel we do not have sufficient employment history.

AVAILABILITY

It is a condition of employment in Care People UK Ltd that you agree to work a flexible shift pattern including sleep ins and where you could be called on to work early or late shifts, waking nights and weekends.

Hours Wanted Per Week?	Full Time	<input type="checkbox"/>	
	Part Time	<input type="checkbox"/>	
	Zero Hour Contract	<input type="checkbox"/>	
	Bank Staff (as and when required for cover)	<input type="checkbox"/>	

Zero Hour Contract Requirements Will Be Discussed At Interview

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REHABILITATION OF OFFENDERS ACT 1974 (PLEASE READ FOLLOWING CAREFULLY)

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, the provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health and social 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 normal duties. Your answer to the following questions **should include any "spent" convictions, reprimands or cautions that you may have received.**

Have You Ever Been Referred To The Safeguarding Of Vulnerable Adults List Or ISA Adults First?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Have You Ever Been Referred To The Protection Of Children List Or ISA Children's List?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Have You A Court Case Pending Or Any Other Action Currently Being Taken Against You?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, Please Provide Brief Details:

Have You Ever Been Convicted, Reprimanded Or Cautioned Over A Criminal Offence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, Please Provide Brief Details Of Dates And The Nature Of The Offence/Custodial Sentence?

DECLARATION

I declare that I have answered the above questions honestly and fully and I am not aware of any physical or mental disability, which will, or may affect my working capacity. I realise that **any false or incomplete statement on my part will render me liable to disciplinary action or dismissal.**

I also understand that if successful in my application, I will be subject to a Disclosure Barring Service (DBS) Check and a POVA or ISA Adult First Check and the receipt of two references satisfactory to Care People UK Ltd.

Signed:

Dated:

EQUALITY AND DIVERSITY MONITORING

Care People UK Ltd is committed to equal opportunity practices. In line with the Equality Act where two or more equally qualified candidates apply for a position we will seek to recruit from anyone belonging to a protected group which is under represented in the current workforce. The information provided in this section will only be used for monitoring purposes or to support this policy.

Ethnic Group – please select

- | | | | | | | |
|---|---|--------------------------------------|--|--|--|----------------------------------|
| <input type="checkbox"/> White British | <input type="checkbox"/> White European | <input type="checkbox"/> White Irish | <input type="checkbox"/> Mixed Caribbean | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Mixed Asian | |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Mixed African | <input type="checkbox"/> Black African | <input type="checkbox"/> Other Eastern Asian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Other (Please State) | | | | | | |

Disability – Do You Consider Yourself To Have A Disability For Which You Require Adjustments To Be Made To Attend An Interview Or To Enable You To Work?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, Please State What Adjustments You Require, Continue On A Separate Sheet If Necessary:

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