***St Michaels Care Home***

**APPLICATION FOR EMPLOYMENT**

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| --- |
| **POSITION APPLIED FOR;**  **DATE;** |

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| **SURNAME;-** | **FIRST NAME;-** |
| **ADDRESS;-** | **TELEPHONE NO;-** |
| **NATIONAL INS NO;-** | **D.O.B;-** |

**EDUCATION**

|  |  |  |
| --- | --- | --- |
| **SCHOOLS ATTENDED** | **EXAMINATIONS PASSED** | **YEAR OBTAINED** |
| **COLLEGE, UNIVERSITY & ANY** **OTHER FURTHER EDUCATION** | **DEGREES, AWARDS OR OTHER****QUALIFICATIONS** | **DATE** |

**EMPLOYMENT HISTORY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FROM** | **TO** | **EMPLOYERS NAME (MOST** **RECENT FIRST)** | **POSITION HELD** | **SALARY** | **REASON FOR LEAVING** |

**AVAILABILITY**

|  |  |  |  |
| --- | --- | --- | --- |
| **PERIOD OF NOTICE****REQUIRED** |  | **ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN UK** |  |
| **DATE AVAILABLE FOR WORK** |  | **DO YOU HOLD CURRENT DRIVING LICENSE** |  |
| **DO YOU REQUIRE WORK PERMIT** |  | **DO YOU OWN A CAR** |  |

**KNOWLEDGE, SKILLS AND EXPERIENCE**

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| --- |
| **PLEASE TELL US WHY YOU WOULD SUCCEED IN THIS POSITION, SETTING OUT RELEVANT KNOWLEDGE, SKILLS AND EXPERIENCE YOU HAVE GAINED FROM CURRENT/PREVIOUS EMPLOYMENT OR VOLUNTARY/COMMUNITY WORK** |

**REFERENCES**

**PLEASE GIVE THE NAME AND ADDRESS OF TWO REFEREES, ONE OF WHOM SHOULD BE PRESENT EMPLOYER**

|  |  |  |
| --- | --- | --- |
| **NAME;-** | **STATUS;-** | **ADDRESS & TELEPHONE NO;-** |
|  |  |  |
|  |  |  |

**OTHER INFORMATION**

|  |  |
| --- | --- |
| **You will be Introduced to our Service Users who will take part in this process of your Interview Form** | **Introduced by St. Michaels** |
| **ARE YOU RELATED TO ANY EMPLOYEE OF THIS HOME** | **YES OR NO** |
| **HAVE YOU APPLIED FOR ANY OTHER POST HERE IN THE LAST YEAR** | **YES OR NO** |
| **IS THERE ANY RISTRICTION ON YOUR HOURS** | **YES OR NO** |

**ADDITIONAL PERSONAL DETAILS**

|  |
| --- |
| **OUTSIDE INTERESTS, LEISURE TIME, ACTIVITES AND OTHER PERSONAL INFORMATION WHICH YOU THINK MAY ASSIST US IN EVALUATING YOUR APPLICATION;-** |

**REHABILITATION OF OFFENDERS ACT 1974 - NOTICE OF OFFENDERS**

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| --- |
| **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 OF OFFENDERS ACT (EXEMPTIONS 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 OR NO****ANY 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 FOR YOU APPLICATION.** |

**HEALTH SCREENING**

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| --- |
| **THE APPOINTMENT OF ANY POST AT THIS HOME IS SUBJECT TO SATISFACTORY HEALTH SCREENING. YOU WILL THEREFORE BE ASKED TO COMPLETE A DECLARATION OF HEALTH AND MAY BE ASKED TO UNDERTAKE A MEDICAL EXAMINATION IF SUCCESSFUL.** |

**I DECLARE THAT THE INFORMATION GIVEN IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT OMISSIONS OR FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT OR LEAD TO DISMISSAL.**

**I GIVE THE EMPLOYER THE RIGHT TO INVESTIGATE REFERENCES**

**SIGNATURE;-…………………………................................**

**DATE;-…………………………............................................**