

# Job Application Form

PLEASE USE CAPITAL LETTERS AND BLACK INK

### **Candidate Information**

| FIRST NAME(S):                                       | SURNAME:                                      |
|--|---|
| ADDRESS:   |   |
| TOWN:  | CITY:   |
| POSTCODE:  | NI NUMBER:                                    |
| MOBILE:  | TEL:  |
| D.O.B: EMAIL:  |   |
|  |   |
|  |   |
| DBS CERTIFICATE NUMBER:                              | ONLINE DBS? YES or NO                         |
| DO YOU NEED A PERMIT FOR THE UK? YES or              | □NO   |
| IF YES, DO YOU HAVE A PERMIT FOR THE UK?             | or NO   |
| WHAT TYPE OF WORK ARE YOU LOOKING FOR?               | ME PART-TIME PERMANENT                        |
| ☐ TEMPORARY ☐ LONG TERM ☐ SHORT TERM                 |   |
|  |   |
| PLEASE NOTE: THIS IS SHIFT WORK WHICH INCLUDES WEEKE | NDS, NIGHTS AND BANK HOLIDAYS WORKING FROM A  |
| WEEKLY ROTA.   |   |
|  |   |
|  |   |
|  |   |
| WHEN ARE YOU AVAILABLE FROM?                         |   |
| DO YOU CONSIDER YOURSELF AS HAVING A DISABILITY? [   | YES or NO                                     |
| WHAT IS THE NATURE OF YOUR DISABILITY AND WOULD YO   | U REQUIRE ANY SUPPORT TO CARRY OUT YOUR ROLE? |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| Reviewed 1 <sup>st</sup> August 2021                 |   |



## **Employment Details**

| CURRENT EMPLOYMENT STATUS: UNEMPLOYED SELF-EMPLOYED OTHER AGENCY EMPLOYED |          |           |                                    |  |  |
|---|----------|-----------|------------------------------------|--|--|
| EMPLOYMENT HISTORY FOR THE LAST FIVE YEARS (From most recent to earliest) |          |           |                                    |  |  |
| EMPLOYER  | POSITION | FROM / TO | REASON FOR LEAVING /<br>TERMINATON |  |  |
|   |          |           |                                    |  |  |
|   |          |           |                                    |  |  |
|   |          |           |                                    |  |  |
|   |          |           |                                    |  |  |
|   |          |           |                                    |  |  |
|   |          |           |                                    |  |  |
|   |          |           |                                    |  |  |
|   |          |           |                                    |  |  |
|   |          |           |                                    |  |  |
|   |          |           |                                    |  |  |
|   |          |           |                                    |  |  |

Reviewed 1<sup>st</sup> August 2021



### **Education & Qualifications**

| PLEASE INCLUDE ALL ESTABLISHMENTS SINCE SCHOOL TO PRESENT DAY   |           |                |  |  |
|---|-----------|----------------|--|--|
| NAME OF ESTABLISHMENT   | FROM / TO | QUALIFICATIONS |  |  |
|   |           |                |  |  |
|   |           |                |  |  |
|   |           |                |  |  |
|   |           |                |  |  |
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|   |           |                |  |  |
|   |           |                |  |  |
|   |           |                |  |  |
| PLEASE USE THIS SPACE TO TELL US ABOUT ANY RELEVANT SKILLS AND EXPERIENCE YOU CAN BRING TO THIS ROLE. |           |                |  |  |
|   |           |                |  |  |
|   |           |                |  |  |
|   |           |                |  |  |
|   |           |                |  |  |
|   |           |                |  |  |
|   |           |                |  |  |

Reviewed 1<sup>st</sup> August 2021



#### **Reference Contacts**

Referee 1

References are required as part of our validation process. Please provide the names of at least two people who know you on a professional basis (one of these should be from your last employer). Please also provide the name of someone who can give you a character reference.

| FIRST NAME(S):      | SURNAME:  |
|---------------------|-----------|
| COMPANY:            |           |
| ADDRESS (if known): | POSITION: |
| POSTCODE:           |           |
| MOBILE:             | TEL:      |
| EMAIL:              |           |
| Referee 2           |           |
| FIRST NAME(S):      | SURNAME:  |
| COMPANY:            |           |
|                     | POSITION: |
|                     |           |
| POSTCODE:           |           |
| MOBILE:             | TEL:      |
| EMAIL:              |           |

Reviewed 1<sup>st</sup> August 2021

\*Please provide accurate contact details so as not to delay the process



### **DBS** Disclosure

Under the Rehabilitation of Offenders Act 1974, you may be entitled to answer 'no' to this question even if you have, in the past, been subjected to criminal proceedings resulting in conviction(s). However, certain types of employment, especially in Social Care, are excluded, under the Rehabilitation of Offenders Act 1974, (Exemptions) Order 1975, from the protection of the Act. It is therefore recommended that you take appropriate advice if you are in any doubt as to the correct answer to give.

| DO YOU HAVE ANY CRIMINAL C |                |     |       |     |  |
|----------------------------|----------------|-----|-------|-----|--|
| DO YOU HAVE ANY CRIMINAL C |                |     |       |     |  |
|                            |                |     |       |     |  |
| HAVE YOU BEEN KNOWN BY AN  | Y OTHER NAMES? | YES | or    | □NO |  |
| DBS DISCLOSURE STATEMENT   |                |     |       |     |  |
|                            |                |     |       |     |  |
|                            |                |     |       |     |  |
|                            |                |     | ••••• |     |  |
|                            |                |     |       |     |  |
|                            |                |     |       |     |  |

Reviewed 1st August 2021