

**JOB APPLICATION FORM**

 **Application guide**

This guide is designed to help you with the application process. Please read the following information carefully before proceeding.

**Employment History**

* List your work history, starting from your most recent employment
* Make sure that you give reasons for any gaps in employment

**Supporting Statement**

* Give any experience that you have acquired through employment history including formal work, volunteer work, community activities, or any informal experience (care for family, friend)
* Show how your experience is relevant to the post you are applying for relevant

**Ensure that you:**

* Fill in your application form and sign
* Resave your application form in your name, in this format e.g. *Joe Bloggs – Best Support Care Application Form*
* Email your form to info@bestsupportcare.co.uk or post it back to our office address.

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| **POST APPLIED FOR:** |  |

|  |  |
| --- | --- |
| **Title:** |  |
| **Surname:** |  | **First Name(s):** |  |
| **Age:** |  | **Date of birth:** |  |
| **Address:** |  |
|  |
| **Home tel. number:** |  | **Mobile tel.****Number:** |  |

|  |  |
| --- | --- |
| **Email address:** |  |
| **National Insurance number:** |  |  |  |  |  |  |  |  |  | **Work permit** **Required:** | YES |  | NO |  |
| **Full UK driving license:** |  | **Business Insurance:** | YES |  | NO |  |
| **Endorsements:** **Please give details** |  | **Access to car****For work:** | YES |  | NO |  |

|  |  |
| --- | --- |
| **What areas/distance are you willing to travel:** |  |
| **Membership of Professional****Body (give details)** |  |
| **Languages spoken:** |  |
| **How did you hear about the Vacancy?** |  |
| **Next of kin name:** |  | **Tel number:** |  |
| **Email:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Availability** | **Morning** | **Lunch** | **Teatime** | **Evening** | How many hours are you  |  |
| Monday |  |  |  |  | looking to work per week? |  |
| Tuesday |  |  |  |  | Is there anything else we should |  |
| Wednesday |  |  |  |  | know about your availability? |  |
| Thursday |  |  |  |  | Are there any other restrictions or |  |
| Friday |  |  |  |  | Activities that will limit your availability? |  |
| Saturday |  |  |  |  | Do you have any holidays |  |
| Sunday |  |  |  |  | pre-booked? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever been a subject to disciplinary process by your previous employer? | YES |  | NO |  |
| If YES, please give details and outcome: |  |

**EDUCATION/QUALIFICATIONS/TRAINING**

Please give details about qualifications gained - continue a separate sheet where necessary:

|  |  |
| --- | --- |
| **EDUCATION / QUALIFICATIONS** |  |
| **University / College / School attended**  | **Date** | **Qualification and Grade** |
|  |  |  |
| **TRAINING (If you have completed any relevant training to this post, please give details)** |
| **Training Body and Course details** | **Date** | **Qualification achieved** |
|  |  |  |

**EMPLOYMENT BACKGROUND (please continue a separate sheet if necessary)**

|  |  |  |  |
| --- | --- | --- | --- |
|  **CURRENT / MOST RECENT JOB** |  |  |  |
| **Employer’s name and address** |  |  |
| **Job Title** |  | **Notice required** |  |
| **Reason for leaving** |  |  |
| **Brief Description of Duties**  | **Dates (month & year)** |
|  | From | To |
|  |  |

**PREVIOUS EMPLOYMENT (PAID AND VOLUNTARY)**
Please give a 5-year employment history, starting with the most recent and give required details. Where there are employment gaps please indicate why, for example, continuing education, family, childcare, unemployment or travelling. ***Continue on a separate sheet if necessary***

|  |  |  |
| --- | --- | --- |
| **Employer’s name and address** |  |  |
| **Job Title** |  | **Reason for leaving** |  |
| **Brief Description of Duties**  | **Dates (month & year)** |
|  | From | To |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Employer’s name and address** |  |  |
| **Job Title** |  | **Reason for leaving** |  |
| **Brief Description of Duties**  | **Dates (month & year)** |
|  | From | To |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Employer’s name and address** |  |  |
| **Job Title** |  | **Reason for leaving** |  |
| **Brief Description of Duties**  | **Dates (month & year)** |
|  | From | To |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Employer’s name and address** |  |  |
| **Job Title** |  | **Reason for leaving** |  |
| **Brief Description of Duties**  | **Dates (month & year)** |
|  | From | To |

**REFERENCES:**

Please provide us with details of three references, one of which **must** be your present or most recent employer. The other referee will ideally be your most recent previous employer.

If you cannot provide us details of your previous employer, you may substitute it from the person of professional standing (e.g., a lawyer, accountant, doctor, teacher, recognised religious leader) who knows you, either professionally or personally.

**You must not give the names of friends, relatives, or colleagues that were not senior to you as referees. All referees will be verified.**

|  |  |  |
| --- | --- | --- |
| **Name:** |  | **FOR OFFICE USE, ONLY** |
| **Position:** |  | **Date refs sent:** |
| **Organisation:** |  | **…. /…. /2022.** |
| **Address:** |  | **Date refs received:****…. /…. /2022.** |
| **Tel Number:** |  | **Email:** |  | **Verified by:****…………………….** |
| **Capacity in which they know you:** |  | **Date refs verified:** |
| **May we contact this reference prior to interview?** |  | **…. /…. /2022.** |

|  |  |  |
| --- | --- | --- |
| **Name:** |  | **FOR OFFICE** **USE ONLY** |
| **Position:** |  | **Date refs sent:** |
| **Organisation:** |  |  **…. /…. /2022** |
| **Address:** |  | **Date refs received:****…. /…. /2022** |
| **Tel Number:** |  | **Email:** |  | **Verified by:****…………………** |
| **Capacity in which they know you:** |  | **Date refs verified:** |
| **May we contact this reference prior to interview?** |  | **…. /…. /2022** |

## SUPPORTING STATEMENT Skills and Abilities/ Knowledge & Experience/ Qualities

Tell us why you are applying for this job. You should also show how you meet the requirements of the person specification by providing details of your experience, skills & knowledge gained in employment, voluntary work or elsewhere.

|  |
| --- |
|  |

*Please continue on a separate sheet if necessary*

**Please indicate if you have suffered from any of the following ailments and give details of any current medication or treatment and date of last related condition.**

|  |  |  |  |
| --- | --- | --- | --- |
| Ailment | Yes | No | Description |
| Headaches |  |  |  |
| Blackouts |  |  |  |
| Backache |  |  |  |
| Heart/Blood Pressure |  |  |  |
| Rheumatism/Arthritis |  |  |  |
| Allergies |  |  |  |
| Infectious Disease |  |  |  |
| Respiratory Problems |  |  |  |
| Visionary Problem |  |  |  |
| Hearing Loss |  |  |  |
| Mental Illness |  |  |  |
| Stress Related Illness |  |  |  |
| Recurring Chronic Illness |  |  |  |
| Any Other Condition |  |  |  |
| Do you suffer from any injury, illness, medical condition or allergy that might affect your ability to perform your duties? If Yes, please give further details.  |  |  |  |
| Are you currently on medication (excluding contraceptives)? If YES, please give further details. |  |  |  |
| Have you been off sick in the last 12 months of your employment? If Yes, you must give details on how many days and how many times you were off sick. |  |  |  |

**Please read the following statements carefully and tick you have read them.**

**I understand and agree that:**

* All the information given is true
* I confirm that I am eligible to work in the UK
* The information I have provided in this application form is confidential and will be handled in line with the Data Protection Act 1998
* The company will use the personal information I have provided to decide if I am suitable for the vacancy I have applied for
* Providing misleading or false information in this form or at any other time during the application process may disqualify me from appointment or, if I have already been appointed, may result in my dismissal
* Any offer of employment will depend on the satisfactory completion of a Disclosure and Barring Service (DBS)
* I consent to the processing of sensitive personal data as referred to on the front page of this form.

|  |  |
| --- | --- |
| Print Name: |  |
| Signature: |  |
| Date: |  |

## Rehabilitation of Offenders Order using Act 1974

As an organisation assessing applicants’ suitability for the roles that are included in Rehabilitation of Offenders Act 1974 (Exceptions) Disclosure and Barring Service (DBS), we comply fully with the Code of Practice and undertake to treat all the applicants for positions fairly.

The position that you have applied for involves working with vulnerable people and we take the responsibility to protect them very seriously. Any details provided will be confidentially treated and will not automatically exclude you from being considered for the vacancy.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you ever been convicted of a criminal offence or received a Police conditional discharge, bind-over, caution, warning or reprimand?**  | Yes |  | No |  |
| **Have you ever been issued with a Penalty Notice for Disorder?** | Yes |  | No |  |
| **If so, what was the offence?** | Date: |  |

**You must write a statement on a separate sheet with full explanation of any offence(s).**

Making a false statement or any attempt to conceal information regarding this declaration will lead to the rejection of your application for employment with this company.

### DECLARATION

I have completed an Application for a Criminal Disclosure and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults and children.

I also give permission for a copy of the disclosure to which I am subject, being made available to a named Authorised Person upon written request, who acts on behalf of a National Government or Local Government Department for auditing purposes.

|  |  |
| --- | --- |
| **Print Name:** |  |
| **Signature:** |  |
| **Date:** |  |