

APPLICATION FOR EMPLOYMENT

Position applied for	
Closing date	

1. Personal Details:

Full Name:	Surname		First names	
Address:				Post code
Telephone:	Home		Daytime	
			Mobile:	
N.I. No.		Work permit required?		Yes
				No
Do you hold a current clean driving licence		Yes	No	Type of licence
Pin Number(Qualified staff)				

2. Qualifications and education:

Schools and colleges attended (from age 11):		
Name of school / college	Date From	To

Qualifications:		
Details of qualification: (we will require evidence)	Date passed	Grade

(Please use the additional space at the back of this form if required)

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3. Employment / work experience history:

Current / most recent employment:

Employers name and address	
Dates from / to	
Job title: Duties / responsibilities:	
Salary / grade	
Period of notice required	
Reason for leaving	

Previous employment details:	
1. Employers name and address	
Dates from / to	
Job title: Duties / responsibilities:	
Reason for leaving	
2. Employers name and address	
Dates from / to	
Job title: Duties / responsibilities:	
Reason for leaving	
3. Employers name and address	
Dates from / to	
Job title: Duties / responsibilities:	
Reason for leaving	
4. Employers name and address	
Dates from / to	
Job title: Duties / responsibilities:	
Reason for leaving	

Please provide explanations for any gaps in employment. Use the additional space at the back of this form if required

4. Please list skills, experience, and abilities, which you consider to be relevant to the job for which, you are applying. It may be useful to include details of any voluntary work or unpaid duties, which you may have performed, or any relevant training courses or seminars, which you may have attended. (You may use a separate sheet if you wish)

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5. Please provide details of any criminal convictions or pending criminal proceedings. Note that the rehabilitation of offenders act is not applicable, and all spent convictions must be noted. If you have no convictions or pending proceedings, you should write “None”

6. References:

Please provide two referees. One of these must be your present (or most recent) employer. The second should be either a former employer or someone who has known you in a professional capacity. Do not include relatives.

1. Name:		Position held:	
Address:		Post code	
Telephone:			

2. Name:		Position held:	
Address:		Post code	
Telephone:			

We may make contact with these referees unless you state that we should seek your permission first.

7. Declaration

I hereby certify that the information given on this application form is accurate and complete to the best of my knowledge and belief, and I am not aware of any other matters, which may materially affect my suitability for employment with Ivybank House. I understand that any wilful omission or inaccuracy is regarded as an act of gross misconduct, which may result in summary dismissal.

Signed		Date	
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Return form to:
Littlecombe Home Care. Unit 2 Drake House, Drake Lane. Dursley GL11 4HH

Equal opportunities monitoring form.

Please tick as appropriate

Ethnic origin:				
White U.K.	White European	White Other	Irish	Black UK
Black Caribbean	Black Other	Chinese	Asian	Other

Male	Female
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Age	Please tick	18-25	26-40	41-50	51-65	
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Disabilities:		
Do you consider yourself disabled?	Yes	No
Are you registered disabled?	Yes	No

Completion of this monitoring form is completely voluntary, and will not affect your prospects of employment with us. You may return it to us separately and anonymously if you prefer.

Littlecombe Park Ltd

PRE-EMPLOYMENT HEALTH ASSESSMENT QUESTIONNAIRE

Surname:	Forenames:
Married / Single / Divorced	
Address:	Date of Birth:
Postcode:	
Daytime Telephone No:	Evening Telephone Number:
Next of Kin:	
Telephone No:	
GP Name & Address:	
Postcode:	

Please answer YES or NO to the following questions. If YES, please give details:

1. Have you seen any doctor in the last year?	
2. Have you had any treatment/investigations/ in the last 2 years?	
3. Are you awaiting any treatment, tests or other investigations?	
4. Have you ever:	
◆ Had an episode of low back pain, sciatica or lumbago?	
◆ Had asthma, bronchitis or any other chest infection?	
◆ Suffered from any allergies?	
◆ Had any problems with your neck or upper arms?	
◆ Had any skin trouble including eczema or dermatitis?	
◆ Had any fits, seizures or epilepsy?	
◆ Had any type of diabetes?	
◆ Suffered any heart or circulatory disorders?	

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◆ Had any nervous or psychiatric illnesses including anxiety, stress or depression?	
◆ Had any other psychological or emotional difficulties?	
◆ Had any hearing or visual problems?	
◆ Are you or have you ever been drug or alcohol dependent?	
◆ Approximately how many days have you had off sick in the last 2 years?	

◆ Have you ever experienced any health problems related to previous employment?	
◆ Have you ever been retired or left employment because of ill health?	
◆ Do you have any type of disability?	
◆ Have you ever been vaccinated against any of the following? Answer YES or NO.	
◆ Tetanus	
◆ Polio	
◆ Rubella (German Measles)	
◆ Tuberculosis	
◆ Hepatitis A	
◆ Hepatitis B	

Please give any additional information you may wish to add in the space below:

I have answered these questions completely and truthfully. I understand that any false statement would be a breach of contract, which may lead to disciplinary proceedings and possible dismissal. I understand that all medical information is treated in the strictest confidence.

Signed:

Date:

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