# 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?**  c YES or c NO

**DO YOU NEED A PERMIT FOR THE UK?** c YES or c NO

**IF *YES*, DO YOU HAVE A PERMIT FOR THE UK?** c YES or c NO

**WHAT TYPE OF WORK ARE YOU LOOKING FOR?** c FULL-TIME c PART-TIME c PERMANENT c TEMPORARY c LONG TERM c SHORT TERM

**PLEASE NOTE: THIS IS SHIFT WORK WHICH INCLUDES WEEKENDS, NIGHTS AND BANK HOLIDAYS WORKING FROM A WEEKLY ROTA.**

**WHEN ARE YOU AVAILABLE FROM?**

**DO YOU CONSIDER YOURSELF AS HAVING A DISABILITY?** c YES or c NO

**WHAT IS THE NATURE OF YOUR DISABILITY AND WOULD YOU REQUIRE ANY SUPPORT TO CARRY OUT YOUR ROLE?**

Employment Details

**CURRENT EMPLOYMENT STATUS:** c UNEMPLOYED c SELF-EMPLOYED c OTHER AGENCY c EMPLOYED

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| --- | --- | --- | --- |
| **EMPLOYMENT HISTORY FOR THE LAST FIVE YEARS *(From most recent to earliest)*** | | | |
| **EMPLOYER** | **POSITION** | **FROM / TO** | **REASON FOR LEAVING / TERMINATON** |
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Education & Qualifications

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| --- | --- | --- |
| **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.** |
|  |

Reference Contacts

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.

### Referee 1

**FIRST NAME(S)**: **SURNAME**:

**COMPANY:**

**ADDRESS (if known)**: **POSITION**:

……………………………………. **POSTCODE**:

**MOBILE**: **TEL**:

**EMAIL**:

### Referee 2

**FIRST NAME(S)**: **SURNAME**:

**COMPANY:**

**ADDRESS (if known)**: **POSITION**:

……………………………………. **POSTCODE**:

**MOBILE**: **TEL**:

**EMAIL**:

\*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 CONVICTIONS?** c YES or c NO IF **YES**, PLEASE GIVE DETAILS

**DO YOU HAVE ANY CRIMINAL CONVICTIONS *PENDING*?** c YES or c NO IF **YES**, PLEASE GIVE DETAILS

**HAVE YOU BEEN KNOWN BY ANY OTHER NAMES?** c YES or c NO

**DBS DISCLOSURE STATEMENT**