

**APPLICATION FOR EMPLOYMENT**

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<b>Name</b>	
<b>Address</b>	
<b>Post Code</b>	
<b>Post Applied for</b>	<b>Home Care Support Worker</b>

**Please return this form to the address below**

Tel:	01207 580091	Mrs Margaret Jopling Human Resources Manager Kelly Park Caring Agency Limited Head Office - Suite 54 Derwentside Business Centre Consett Business Park Consett Durham DH8 6BN
Fax:	01207 580092	
Email:	info@kellypark.co.uk	
Web:	www.kellypark.co.uk	

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**Review of this Procedure KP-AFE01**

Name: Paul Sanders  
Date: 4<sup>th</sup> March 2009  
Policy Review Date: 4<sup>th</sup> March 2010

**APPLICATION FOR EMPLOYMENT**

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It is in your own interest to complete this application form as complete and accurately as possible.

**N.B. ALL RELEVANT SECTIONS MUST BE COMPLETED FULLY.**

The information you supply will help us determine your suitability for appointment.

**PLEASE REMEMBER TO:-**

1. Complete the form in your own handwriting.
2. Use **BLACK INK**.
3. Use **BLOCK CAPITALS** where requested.
4. Answer **ALL** questions by providing the required information. If any question or part of a question does not apply to write "N/A".
5. If you have any query in relation to the completion of the application form contact the office on the front of the application form.

**PLEASE NOTE**

**DATA PROTECTION ACT 1984**

Personal data supplied on this form may be held or verified by computer during the process of your application.

The Rehabilitation of Offenders Act does not apply for appointments therefore **YOU MUST DISCLOSE ALL CONVICTIONS AND CAUTIONS** regardless of when they occurred.

The information requested in this section is required for security purposes only. This information is necessary and must be supplied before you can be appointed.

Please tick the appropriate box where you saw the advertisement for this post:

Jobcentre Plus		Local Press	
Kelly Park Website		Word of Mouth	
Other			

Please specify below your working preference:

<b>Full Time</b>		<b>Part Time</b>	
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**THANK YOU FOR YOUR CO-OPERATION.**

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Kelly Park Caring Agency Limited is fully committed to working towards being an equal opportunity employer and is determined to ensure that no job applicant or employee receives less favourable treatment on the grounds of sex, marital status, sexual orientation, colour, race, nationality, ethnic or national origins. We also seek to ensure that employees are not subject to sexual or racial harassment.

Discrimination is not always intentional or overt, therefore practices and policies within the Company will be constantly monitored to ensure that the equal opportunities policy is properly observed and where barriers to equal opportunity are identified, any necessary changes will be made.

To implement and monitor the effectiveness of its equal opportunity policy, Kelly Park Caring Agency Limited in accordance with the Codes of Practice issued by the Commission for Racial Equality and Equal Opportunities Commission, records the ethnic origin, sex and marital status of people who apply for appointment. Those involved in selection procedures will not use this information as it is for statistical purposes only. We would therefore be grateful if you would complete the table below. The provision of this information is entirely voluntary and completion or otherwise will in no way prejudice your application.

**PLEASE TICK THE APPROPRIATE BOXES.**

**I AM:**

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

Single	<input type="checkbox"/>
Married	<input type="checkbox"/>
Civil Partnership	<input type="checkbox"/>
Divorced	<input type="checkbox"/>
Separated	<input type="checkbox"/>
Widowed	<input type="checkbox"/>

**I WOULD DESCRIBE MY ETHNICITY AS:**

White	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>
Black African	<input type="checkbox"/>
Black Other (Please specify)	<input type="checkbox"/>

Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>

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**PERSONAL DETAILS OF APPLICANT**

(PLEASE TICK APPROPRIATE BOX)

Mr		Mrs	
Miss		Ms	
Other			

(PLEASE USE BLOCK CAPITALS)

Surname										
Maiden name if applicable										
Other Previously used names										
Forename(s)										
Address										
Post Code										
National Insurance No										
Telephone Number										
Mobile Number										
Date of Birth			-			-				
Place of Birth										
Nationality										

**DO YOU REQUIRE A PERMIT TO WORK IN THE UNITED KINGDOM?**

Yes		No	
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**DISABILITY:**

Applicants with disabilities will be invited for interview if the essential job criteria are met.

Do you consider yourself to be a person with a disability as described by the Disability Discrimination Act 1995?

I.e. Do you consider yourself to be someone who has a physical or mental impairment, which has a substantial and long-term adverse effect on your ability to carry out normal, day to day activities?

Yes		No	
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If you have any specific requirements to assist you with an interview please detail them and we will make the necessary arrangements

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**EDUCATION**

**SECONDARY SCHOOL ATTENDED**

Name & Address of School			
Date Attended from		Date Attended to	
Subject	Examination	Result / Grade	Date of Qualification

**EDUCATION**

**HIGHER / FURTHER EDUCATION**

Name & Address of Further Education Centre/College			
Date Attended from		Date Attended to	
Subject	Examination	Result / Grade	Date of Qualification

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**PRESENT & PREVIOUS EMPLOYMENT**

WE REQUIRE A COMPREHENSIVE EMPLOYMENT HISTORY THIS MUST DETAIL ALL PREVIOUS EMPLOYMENT FROM LEAVING EDUCATION TO PRESENT.

If you are unsure of exact dates or details, they can be obtained from National Insurance Office.

Telephone 0845 302 1479 and quote your national insurance number.

**HAVE YOU WORKED CONTINUOUSLY IN EMPLOYMENT SINCE LEAVING SCHOOL/COLLEGE?**

Yes		No	
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If NO please list ALL gaps and detailed reason(s) <b><u>THIS MUST INCLUDE MONTH &amp; YEAR</u></b>		
From	To	Reason for gap in employment
From	To	Reason for gap in employment
From	To	Reason for gap in employment

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If NO please list ALL gaps and detailed reason(s) <i><b>THIS MUST INCLUDE MONTH &amp; YEAR</b></i>		
From	To	Reason for gap in employment
From	To	Reason for gap in employment
From	To	Reason for gap in employment
From	To	Reason for gap in employment

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Provide in date order (earliest first), details of any full, part-time or casual employment you have had. Please indicate month and year (**BLOCK CAPITALS**).

**EMPLOYMENT DATES – MONTH AND YEAR MUST BE LISTED**

Employers Name & FULL Address	Position Held	Employed From	Employed To	Reason for Leaving
		MONTH: YEAR:	MONTH: YEAR:	
		MONTH: YEAR:	MONTH: YEAR:	
		MONTH: YEAR:	MONTH: YEAR:	
		MONTH: YEAR:	MONTH: YEAR:	
		MONTH: YEAR:	MONTH: YEAR:	

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Employers Name & FULL Address	Position Held	Employed From	Employed To	Reason for Leaving
		MONTH: YEAR:	MONTH: YEAR:	
		MONTH: YEAR:	MONTH: YEAR:	
		MONTH: YEAR:	MONTH: YEAR:	
		MONTH: YEAR:	MONTH: YEAR:	

If you change your employment after completion of this form, you must notify the Company immediately giving details of your new employer.

NOTE: ARE YOU WILLING FOR ENQUIRIES TO BE MADE OF YOUR PRESENT EMPLOYER?

Tick appropriate box

Yes		No	
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You do not have to give permission at this time, we can obtain these references at a later date should your application be considered for recruitment.

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**CONVICTIONS / CAUTIONS**

**PLEASE NOTE:**

***Successful applicants will require an enhanced Criminal Records Bureau Disclosure – This disclosure does show all cautions and conviction no matter how old they are.***

Have you been convicted in any court of any offence?

Yes		No	
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If yes, please specify giving details:-

Date	Name of court/police station/unit which dealt with the matter	Offences	Result

Enter details of any charge or summons at present outstanding against you:

Date of alleged offence	Nature of alleged offence	Court/police station/unit dealing with the matter

Under the provision of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, applicants are required to disclose information concerning convictions including those, which for other purposes are regarded as spent under the Act. If you take up an appointment with the Company and you have failed to disclose such information this could result in dismissal or disciplinary action. Any information divulged will be treated in strict confidence and will be considered only in relation to applicants for posts subject to the provision of the above order.

The Company reserves the right to request police clearance on all applications.

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**DRIVING LICENCE**

Do you hold a full driving licence?

Yes		No	
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Do you have use of your own vehicle?

Yes		No	
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Please detail below any points/convictions for driving offences:

Date driving test passed	Convictions	Date of Conviction

**REFEREES**

A Minimum of two references are required. One must be your present or last employer to the present date and one other employer who would be willing to provide reference. Please ensure you contact your referees before listing below.

**AT LEAST TWO REFEREES MUST BE CURRENT/PREVIOUS EMPLOYERS.**

Full Name	Full Postal Address	Telephone Number	Period Known	Relationship to application
1.				
2.				
3.				

**Please Note:** To confirm with CSCI (Commission for Social Care Inspection) regulations we will submit reference requests to your previous employers even if they are not listed as referees.

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**PERSONAL STATEMENT**

In your own handwriting, outline any life experience, achievement, personal qualities or skills, which you consider relevant to your application.

**DECLARATION**

I declare that all the statements I have made in this application are true to the best of my knowledge and belief.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

