

EMPLOYMENT APPLICATION FORM

CALVERN CARE LTD

POSITION APPLIED FOR: Care Worker

The following information will be treated in the strictest confidence.

This post is subject to a satisfactory Disclosure and Barring Service (DBS) check, which will disclose all cautions, reprimands and warnings as well as convictions. In addition to completing this application form, you are required to provide us with details of all spent and unspent convictions. Please send this information to us under separate, confidential cover to Mrs Martin, Calvern House, 23 Parker Road, Chelmsford, Essex, CM2 0ES. Remember to include your name, address and the position for which you are applying. We guarantee that the information you provide be used fairly and will only be seen by those who need to see it as part of the recruitment process. A criminal record will not necessarily bar you from the advertised position. This will depend on the nature and circumstances and background of your offences. However, failure to reveal this information could lead to the withdrawal of an offer of employment.

PERSONAL

(Please complete this section in BLACK INK, BLOCK CAPITALS)

Surname:		First Name(s):	
Title:			
Address:			
		Postcode:	

Contact Tel. No:	Mobile Telephone No:
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Full Driving Licence:	YES/NO	Endorsements:	*YES/NO
* If YES, please give further details including dates.			

Are you involved in any activity which might limit your availability to work or your working hours e.g. local government?	YES/NO
If YES, please give full details.	
Are you subject to any restrictions or covenants which might restrict your working activities?	YES/NO
If YES, please give full details	
Are you willing to work overtime and weekends if required?	YES/NO
Please give details of any hours which you would not wish to work:	
It is a criminal offence for barred individuals to apply to work with children or vulnerable adults in a regulated activity. Are you on a barred list?	YES/NO
If YES, please give full details	
You may be required, if offered employment, as part of your Application to complete a Medical Questionnaire. Are you prepared to undergo a medical examination prior to employment?	YES/NO
Have you ever worked for this Company before?	YES/NO
If YES, please give full details	
Have you applied for employment with this Company before?	YES/NO
Do you need a work permit to take up employment in the UK?	YES/NO
How much notice are you required to give to your current employer?	

EDUCATION

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

Please give details of membership of any technical or professional associations:

Please list any languages spoken and the level of competence:

EMPLOYMENT DETAILS

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

PRESENT OR LAST EMPLOYER

Are you currently employed? YES/NO

Name of present or last employer:			
Address:			
Telephone No:			
Nature of business:			
Job title and a brief description of your duties:			
Length of Service:	From:	To:	

INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES (e.g. hobbies, sports, club memberships)

SUPPLEMENTARY INFORMATION

Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths.

WHY US

Why do you want to work for Calvern Care?

DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of ongoing personnel administration and payroll administration in compliance with the Data Protection Act 1998. I undertake to notify the Company immediately of any changes to the above details.

Given the nature of the job for which I have applied, I understand that any offer of employment will be subject to information on my criminal record being disclosed to the Company by the Criminal Records Bureau / Disclosure Scotland. I have been given a copy of the Company's Equal Opportunities Policy, which includes information relating to the recruitment of ex-offenders.

Signature:	Date:
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REFERENCES

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? YES/NO

Name:	Name:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:

SOURCE OF APPLICATION

How did you hear of this vacancy?

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Please return this form to;

Calvern Care Ltd
Calvern House
23 Parker Road
Chelmsford
Essex
CM2 0ES