**AMBER HOME CARE LTD**

**APPLICATION FORM FOR EMPLOYMENT**

**AS ………………………………................**

**A. MR**

**MRS Surname: ………….............................................................................................................**

**MS**

**MISS Forename(s): .…………….................................................................................................**

**Address: …………….................................................................................................................................**

**……………………………….......................................................................................................................**

**……………………………….................................. Postcode: ……………………….................**

**Date of Birth: ..……………….............................. Tel No: …………….....................................**

**Current Driving Licence: YES / NO Details of Current Endorsements: ………………..……**

**………………………………………………………..……**

**B EDUCATION AND TRAINING:**

**(I) SCHOOLS DATES QUALIFICATIONS**

**………………………………...................................................................................................................................**

**...................................................................................................................................................................................**

**………………………………...................................................................................................................................**

**(ii) COLLEGES / UNIVERSITIES / OTHER TRAINING:**

**DATES QUALIFICATIONS**

**………………………………...................................................................................................................................**

**………………………………...................................................................................................................................**

**………………………………..................................................................................................................................**

**..................................................................................................................................................................................**

**...................................................................................................................................................................................**

**……………………………………………………………………………………………………………………..**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates**  **From - To** | **Name & Address of Employer** | **Job Title** | **Wages / Salary** | **Reason for Leaving** |
|  |  |  |  |  |

**C EMPLOYMENT HISTORY:**

**(Please commence with most recent employer and explain any gaps in employment. Use the back sheet if needed)**

**Current Notice Required: ..……………………………............................................................................................**

**D REFERENCES:**

**Please list names and addresses of two persons, one of whom must be the most recent employer, from whom we may obtain references. We reserve the right to contact past employers.**

|  |  |
| --- | --- |
|  |  |

**E HEALTH DETAILS:**

**Do you have a mental or physical disability: YES NO**

**Do you have any pre-existing conditions which may affect your work with us: YES NO**

**If YES please give details**

**…...……………………………….................................................................................................................**

**……………………………............................................................................................................................**

**What adjustments (if any) need to be made to the working environment to accommodate your disability?**

**…………………………................................................................................................................................**

**Please give details of all absences from work in the last 12 months.**

**……………………………............................................................................................................................**

**……………………………............................................................................................................................**

**………………………………........................................................................................................................**

**……………………………….......................................................................................................................**

**……………………………………………………………………………………………………………...**

**………………………………………………………………………………………………………………**

**F LEISURE: (please note any sports, hobbies, pastimes etc)**

**………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………**

**G CRIMINAL RECORD:**

**Please note any criminal convictions. If none state NONE. If you have a caution please declare it.**

**……………………………….........................................................................................................................**

**……………………………….........................................................................................................................**

**In accordance with the Commission for Social Care Inspection Regulations an enhanced Criminal Records Bureau Check will be sought prior to employment. Do you know of any reason why an adverse report might be obtained?**

**YES NO If YES please give details**

**………………………………................................………………………………………………………………….**

**……………………………………………………………………………………………………………………….**

**I DATA PROTECTION NOTIFICATION:**

**(Please read carefully before signing this application)**

**The information you have provided in completing this application form will be used to process your application for employment. The Company will keep the information you have supplied confidential and will not divulge it to third parties, except where required by law, or where we have retained the services of a third party representative to act on your / our behalf.**

**AUTHORISATION: I have read the Data Protection notification and understand and agree to the use of my personal data in accordance with the Data Protection Act 1998.**

**Signed ……………………………….............. Date ……………………………….....**

**J I confirm that the information contained in this application form is correct. I have not omitted any information which, had my employer known, would have prevented them from offering me a contract of employment. Any false, misleading or omitted information will give my employer the right to terminate any employment contract offered and to reclaim any expenses incurred in my recruitment.**

**Signed ……………………………….............. Date ……………………………….......**

**K I also confirm that I am legally entitled to work in the United Kingdom and if interviewed will produce one of the following documents from the list below:**

**A UK passport**

**An EU passport or National Identity card**

**A UK residence permit issued by the Home Office**

**An application registration card issued by the Home Office to an asylum seeker stating that the holder is permitted to take up employment**

**Or two from the following:**

**An official document bearing a national insurance number along with**

**A birth certificate**

**A letter from the Home Office**

**An immigration status document**

**A work permit along with**

**A passport**

**A letter from the Home Office**

**In either case, these must confirm the holder has permission to enter or remain in the UK and and are eligible to work / employment.**

**Signed ………………………………................... Date ………………………………………………..**

**ADDITIONAL PAGE IF REQUIRED:**