



# CHURCHFIELD HOMECARE LTD

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[www.churchfieldhomecare.co.uk](http://www.churchfieldhomecare.co.uk)

## Application for Employment.

### Private and Confidential

Post applied for:

How did you hear about the vacancy? \_\_\_\_\_

### A. Personal Particulars

Title: Mr/Mrs/Miss/Ms	Next of Kin:
First Name:	Relationship to:
Last Name:	Address:
Address:	Home Tele:
Home Tele:	Mobile Tele:
Mobile:	Dependant children:
Date of Birth:	G.P:
National Insurance No:	Address: Tele:
Are there any restrictions on you taking up the employment in the UK? YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, please provide details)	

### B. Education and Qualifications.

Name and address of School/college	Dates From To	Course/subjects Studied and level	Examination results/ Grade (include fails)

**Further Education.**

University/College	From -----To	Subjects studied	Qualification/Degree

Please list any other qualifications that may be relevant to the job application.

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**C. Employment History.**

Please list in reverse order all the organisations for which you have worked since leaving school/higher education including any gaps and reason. Please attach separate sheet if necessary.

Name and address of Employer/s	Position held/ main duties	Dates From - To	Salary	Reason for leaving

**D.**  
**Other employment.**

Do you have any other employment at present, if you were to be successful in obtaining this position, would you still work for the other company/business?

YES/NO

If yes, please give information/ details.

**E. Health**

If the is YES to any of the following questions, please give full details in the space provided of the dates, duration, outcome of the illness or condition. If we have any concerns about your fitness for work employment will be subject to satisfactory medical reports. Please attach a separate sheet if necessary.

<b>Have you ever had?</b>	<b>* delete as applicable</b>	<b>Additional information to YES response.</b>
Tuberculosis, Asthma, Bronchitis or chest problems?	YES/NO	
Chest pain, heart condition or raised blood pressure?	YES/NO	
Blackouts, fits or attacks of giddiness?	YES/NO	
Depression, mental illness or nervous breakdown?	YES/NO	
Back trouble?	YES/NO	
Rheumatism or Arthritis?	YES/NO	
Thyroid, Paratyphoid or other gland trouble?	YES/NO	
Digestive or bowel disease?	YES/NO	
Diabetes?	YES/NO	
Bladder or kidney problems?	YES/NO	
Dermatitis or skin condition?	YES/NO	
Varicose veins?	YES/NO	
Any other accident, operation or illness?	YES/NO	
Have you any reason to believe you may be infected with any communicable disease?	YES/NO	
Any other current or recent condition or treatment which might affect your attendance or performance at work?	YES/NO	
Any illness or medical condition that prevented you from attending work on your normal duties for more than one week?	YES/NO	
Any physical impairments including defect of sight or hearing? If so please specify any special needs in relation to your disability?	YES/NO	
Do you smoke?	YES/NO	
How many units of alcohol do you drink per week?	_____ (one unit=1/2 pint beer = 1 glass wine = 1 single whiskey)	

**F. Supplementary Information.**

Please give dates of any holidays arranged.
How much notice are you required to leave your present employment?
Do you have any Criminal convictions, including those spent under the Rehabilitation of Offenders Act 1974?  If YES, please give details.
Salary/wages expected.
Do you have a full current driving license?  YES / NO
DO you own/ lease a car?  YES / NO

**G. Leisure.**

Please note here your leisure interests, sports and hobbies, other past times etc.
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**H. References.**

Please give the name and addresses of two referees who are not related to you, whom we can approach for a confidential assessment of your suitability for this job. (One of these must be your present /most recent employer).

**Can we approach your present employer before you are offered the position? YES / NO**

Name, position, address and telephone no Present/last employer	Name, position, address and telephone no

## **I. Identification.**

Please supply on application proof of identification which should be either a passport or driving license plus a recent photograph.

**DECLARATION OF APPLICATION. (Please read this carefully before signing the application).**

**I confirm that the above information given is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.**

**I agree that the organisation reserve the right to require me to undergo a medical examination. (should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). N I agree that this information will be retained in my personal file during my employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection ACT.**

**I agree that I should be successful in the application, I will be required to apply to the Criminal Records Bureau for an Enhanced Disclosure (CRB) and Protection of Venerable Adult (POVA). I understand that should the disclosure not be to the satisfaction of the company any offer may be withdrawn or my employment terminated.**

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

Mrs C Vincent, Director/Manager.

*Churchfield Homecare Ltd runs an equal opportunities  
Policy in it's recruitment of staff.*

Churchfield Homecare Ltd  
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**Additional Information.**

Please detail any other information, which you feel may be relevant to the position for which you are applying for where there has not been enough space under any particular heading.

A large, empty rectangular box with a thin black border, intended for the applicant to provide additional information relevant to the position. The box is currently blank.

**Equal Opportunity Monitoring.**

We are an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment on the grounds of race, colour, ethnic or national origin, religious belief, political opinion, sex, marital status, sexual orientation, gender reassignment, age or disability, or is disadvantaged by condition or requirements which cannot be shown to be justifiable.

Our selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted and treated on their relevant merits and abilities.

All employees are given equal opportunity and are encouraged to progress within the operation.

We are committed to an ongoing programme of action to make this policy fully effective. To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information.

I would describe my ethnic group and sex: - (please tick one box).

- A) White
  - English
  - Welsh
  - Any other white background, please specify.....
  - Scottish
  - Irish
  
- B) Mixed
  - White and Black Caribbean
  - White Asian
  - Any other mixed background, please specify.....
  - White and Black African
  
- C) Asian, Asian British, Asian English, Asian Scottish or Asian Welsh.
  - Indian
  - Bangladeshi
  - Any other Asian background, please specify.....
  - Pakistani
  
- D) Black, Black British, Black English, Black Scottish, Black Welsh
  - Caribbean
  - Any other Black background, please specify.....
  - African
  
- E) Chinese, Chinese British, Chinese English, Chinese Scottish or Chinese Welsh.
  - Chinese
  - Any other Chinese background, please specify.....
  
- F) Sex
  - Male
  - Female

Name .....  Signed.....

Date.....  Job title.....