

EMPLOYMENT APPLICATION FORM

POSITION APPLIED FOR: _____

The following information will be treated in the strictest confidence.

PERSONAL

(Please complete this section in BLOCK CAPITALS)

Surname:		First Name(s):	
Address:			
Contact Tel. No:		Mobile Tel No.	
Full Driving Licence:	YES/NO	Endorsements:	*YES/N
* 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/N
If YES, please give full details.			
Are you subject to any restrictions or covenants which might restrict your working activities?			YES/N
If YES, please give full details			
Are you willing to work overtime and weekends if required?			YES/N
Please give details of any hours which you would not wish to work:			
Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?			YES/N
If YES, please give full details			
If offered employment, you will be required to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination before employment?			YES/N
Have you ever worked for this business before?			YES/N
If YES, please give full details			
Have you applied for employment with this business before?			YES/N
Do you need a work permit to take up employment in the U.K.?			YES/N
How much notice are you required to give to your current employer?			

Amendments 1st October 2006

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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 languages spoken and the level of competence:

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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:			
Reason for Leaving:			
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.

DISCLOSURES

Given the nature of the job applied for, in the event that I am offered the position, I understand that any offer of employment is subject to information on my criminal record being disclosed to the Company by the Criminal Records Bureau (CRB). I agree to pay £20 toward the fee for the required Disclosure. The payment method will be agreed with the Company.

I have been given a copy of the Company's Equal Opportunities Policy, which includes information relating to the recruitment of ex-offenders.

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 assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

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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Tender Loving Carers Domiciliary Ltd

TIMES AVAILABLE TO WORK

TIMES	Morning 06.50 – 12.00	Lunch 12.00 –14.00	Afternoon 14.00 – 19.00	Evening 19.00 – 22.00
Days				
Mon				
Tues				
Weds				
Thurs				
Fri				
Sat				
Sun				

For your information.

As per your 'Terms and Conditions of Employment', it is compulsory to work 3 shifts out of 4 each day you work at the weekend.

Weekend work can be a Saturday and Sunday every other week, or every Saturday or every Sunday.

You may be required to work more hours at the weekend than you normally carryout in the week, due to other care staff's weekends off.

Questions regarding available hours.

If times available to work in the week differ from the weekend times please put reason why:

Reasons:

Is there a limit to what hours you can work?

Yes No.

Reason why there is a limit:

Reasons:

Are you available to work nights?

Yes No.

Cover availability / preferences

If there is cover required within your normal availability time, you may be asked to help cover calls!

Please let us know up to what time of day/eve we may call you and on what telephone number, to help with cover.

Do you have any other boundaries to respect?

Do you mind us texting you to help with cover, or to communicate other information?

Yes No

If No: Texting Guidelines:-

- a) You must never text in to inform the office of your absence.
- b) You must always acknowledge text, so we know you have read message.
Your reply can be either by text or phone call. By signing this document you will be agreeing to abide by the above guidelines.

Please take note :- If you need to change your working times you need to give two weeks notice and complete a new 'Times Available to Work' form.

You may be asked to give more notice if TLC has not got the available staff to cover this work.

Carers Signature

Print Name

Date

Authorised by

Print Name

Date

