

# JOB APPLICATION FORM

Date:

Post Applied for:

Please complete this form fully. Applications received after the closing date will not normally be considered.

**THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.**

**SECTION 1 PERSONAL DETAILS**

Surname:  First Name:

Previous Surnames:  (supply documentary evidence, e.g. Marriage Certificate)

Date of Birth:

Address:

Postcode:  Date moved to this address:

**Pervious address:** (Please note: for Criminal record check purposes, addresses covering the five years up to the application date must be supplied. We give them the options for add extra tab to put in the information for this section.)

Home Telephone:  National Insurance:

Daytime Telephone:

Mobile Telephone:

E-mail Address:

How do you prefer to be contacted? E-mail  Telephone

**Are you free to remain and take up employment in the UK with no current immigration restrictions?**

Yes

No

**Do you hold a full, clean driving licence valid in the UK?**

Yes

No

**Do you have your own Transport?**

Yes

No

can put yes and no box to tick

**If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.**

**SECTION 2**

**PRESENT EMPLOYMENT**

**Present Employment** (If you are unemployed give details of last employer)

**Name of Employer:**

**Address:**

  
  

**Postcode:**

**Post Title:**

**Date of Appointment:**

**Salary:**

**Department/Section:**

**Brief description of duties:**

Continue on a separate sheet if necessary

**Period of Notice:**

**Last day of service:**  
(if no longer employed)

**Reason for Leaving:**  
(if no longer employed)

**SECTION 3**

**PREVIOUS EMPLOYMENT**

**Previous Employment** (most recent employer first). Please cover the last 10 years and state nature of business - if not public sector

**Name of Employer:**

**Address:**

  
  

**Postcode:**

**Position Held:**

**Summary of Duties:**

**Reason for Leaving:**

**Name of Employer:**

**Address:**

  
  

**Postcode:**

**Position Held:**

**Summary of Duties:**

**Reason for Leaving:**

Name of Employer:

Address:

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <b>Postcode:</b>     |

Position Held:

Summary of Duties:

Reason for Leaving:

**SECTION 4**

**EDUCATION**

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

| College or University | Course               | Qualifications and grade obtained |
|-----------------------|----------------------|-----------------------------------|
| <input type="text"/>  | <input type="text"/> | <input type="text"/>              |
| School                | Subjects             | Qualifications and grade obtained |
| <input type="text"/>  | <input type="text"/> | <input type="text"/>              |

Continue on a separate sheet if necessary

## Professional, Technical or Management Qualifications

Please give details:

| Professional, Technical or Management Qualifications                                       | Course Details |
|--|----------------|
|  |                |
| Membership of any Professional / Technical Associations- Please state level of Membership: |                |
| continue on separate sheet if necessary .  |                |

## SECTION 5

## TRAINING AND DEVELOPMENT

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

| Title of Training Programmed or Course  | Duration of Course |
|---|--------------------|
|   |                    |
| continue on separate sheet if necessary |                    |

## SECTION 6

## PERSONAL STATEMENT

### Abilities, skills, knowledge and experience.

Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Also, can email any extras to [Info@firstdivinecare.com](mailto:Info@firstdivinecare.com).

|   |
|---|
|   |
| continue on separate sheet if necessary . |

**SECTION 7****REHABILITATION OF OFFENDERS ACT (1974)**

Do you have any convictions that are unspent under the rehabilitation of offenders act 1974?

Yes  No

If yes, please give details / dates of offence(s) and sentence:

**SECTION 8****PROTECTING CHILDREN AND VULNERABLE ADULTS**

The following information may be required if the post you are applying for has a requirement for a Criminal Records Bureau police check.

**Enhanced DBS Checks Only**

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post?

Yes  No

**SECTION 9****DISABILITY DISCRIMINATION ACT**

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long-term effect on his or her ability to carry out normal day to day activities.

**Do you have a disability which is relevant to your application?**

Yes  No

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

**Do we need to make any specific arrangements in order for you to attend the interview?**

Yes  No

If yes, please give details:

**SECTION 10****HEALTH CHECK**

Any offer of employment may be made subject to a satisfactory medical report.

**GP's Name:**

**Tel No.:**

**Address:**

Do you give us Consent for us to contact your GP once successful?  
YES or NO box will be place here

**Yes**

**No**

**SECTION 11****REFERENCES**

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

**Reference 1**

**Name:**

**Position:**

(Job Title)

**Work Relationship:**

**Organisation:**

**Address:**

  
  
  
  


**Postcode:**

**Telephone:**

**E-Mail:**

**Reference 2**

**Name:**

**Position:**

(Job Title)

**Work Relationship:**

**Organisation:**

**Address:**

  
  
  
  


**Postcode:**

**Telephone:**

**E-Mail:**

Are you willing for this referee to be approached prior to the interview?

**Yes**

**No**

Are you willing for this referee to be approached prior to the interview?

**Yes**

**No**

**Character Reference** (must not be a relative)

**Name :**

**Address:**

**Post Code :**

**Telephone Number:**

**Email Address:**

**Relationship to you :**

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please **COMPLETE THIS SECTION OF THE APPLICATION FORM.**

**What is your Ethnic Group?**

**A. White**

White UK

Irish

White Non-UK

Any other White background  
(Please give details)

**B. Mixed**

White & Black Caribbean

White & Black African

White & Asian

Any other White background  
(Please give details)

**C. Asian or Asian British**

Indian

Pakistani

Bangladeshi

Any other White background  
(Please give details)

**D. Black or Black British**

Black Caribbean

Black African

Any other White background  
(Please give details)

**E. Chinese or Other Ethnic Group**

Chinese

Vietnamese

Any other White background  
(Please give details)

**F. I do not wish to provide this information**

**Gender**

Male

Female

**Disability**

Disability is defined as "physical or mental impairment, which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities".

**Do you consider yourself disabled? Yes**  **No**

If yes, please give details:



**Age Group**

16-25

26-35

36-45

46-55

56-65

66-70

Over 70

**Media**

Please state where you saw this post advertised:

**SECTION 13**

**DECLARATION**

**Criminal Record**

- \* Workers of Agency are subject to the Health and Social Care Act 2008, and will be subject to a Police record Check through the DBS. Please declare all Criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.
- \* Please note, you may not be eligible for work in Care setting if you are on the DBS Register(s).

**Please declare all the criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below.**

SIGNATURE AND DECLARATION - IMPORTANT - READ BEFORE SIGNING

I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.

I understand that I may not be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS.

By my signature, I authorize First Divine Care Ltd to request a DBS Register check and criminal record check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of warning, criminal conviction, referral to any register of barred Care workers, or withdrawal of a registration required by my employment status.

**Signed:**

**Date:**

Thank you for your interest in this post. Once we have received your application, we will send a confirmation email.

**If you are returning this form by email, you will be asked to sign your application at interview.**

RETURNING THIS FORM

**By Hand or Post:**

First Divine Care Ltd  
40 All Saints Road ,  
Birmingham,  
B18 5QG

**By E-Mail:**

Info@firstdivinecare.com

**Enquiries:**

Telephone: 0121 6281848