

St Michaels Care Home

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR; DATE;
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PERSONAL DETAILS

SURNAME;-	FIRST NAME;-
ADDRESS;-	TELEPHONE NO;-
NATIONAL INS NO;-	D.O.B;-

EDUCATION

SCHOOLS ATTENDED	EXAMINATIONS PASSED	YEAR OBTAINED
COLLEGE, UNIVERSITY & ANY OTHER FURTHER EDUCATION	DEGREES, AWARDS OR OTHER QUALIFICATIONS	DATE

KNOWLEDGE, SKILLS AND EXPERIENCE

PLEASE TELL US WHY YOU WOULD SUCCEED IN THIS POSITION, SETTING OUT RELEVANT KNOWLEDGE, SKILLS AND EXPERIENCE YOU HAVE GAINED FROM CURRENT/PREVIOUS EMPLOYMENT OR VOLUNTARY/COMMUNITY WORK

REFERENCES

PLEASE GIVE THE NAME AND ADDRESS OF TWO REFEREES, ONE OF WHOM SHOULD BE PRESENT EMPLOYER

NAME;-	STATUS;-	ADDRESS & TELEPHONE NO;-

OTHER INFORMATION

You will be Introduced to our Service Users who will take part in this process of your Interview Form	Introduced by St. Michaels
ARE YOU RELATED TO ANY EMPLOYEE OF THIS HOME	YES OR NO
HAVE YOU APPLIED FOR ANY OTHER POST HERE IN THE LAST YEAR	YES OR NO
IS THERE ANY RISTRATION ON YOUR HOURS	YES OR NO

ADDITIONAL PERSONAL DETAILS

OUTSIDE INTERESTS, LEISURE TIME, ACTIVITIES AND OTHER PERSONAL INFORMATION WHICH YOU THINK MAY ASSIST US IN EVALUATING YOUR APPLICATION;-

REHABILITATION OF OFFENDERS ACT 1974 - NOTICE OF OFFENDERS

BECAUSE OF THE NATURE OF THE WORK INVOLVED, THE POST FOR WHICH YOU ARE APPLYING IS EXEMPT FROM SECTION 4 (2) OF THE REHABILITATION OF OFFENDERS ACT 1974 BY VIRTUE OF THE REHABILITATION OF OFFENDERS ACT (EXEMPTIONS ORDER 1975). THIS MEANS THAT YOU ARE NOT ENTITLED TO WITHHOLD INFORMATION RELATING TO ANY CONVICTIONS YOU MAY HAVE HAD.

DO YOU HAVE ANY CONVICTIONS TO DISCLOSE? YES OR NO

ANY INFORMATION SHOULD BE GIVEN ON A SEPARATE SHEET AND SENT WITH THIS APPLICATION FORM. THIS INFORMATION WILL BE TREATED AS CONFIDENTIAL AND WILL NOT NECESSARILY PRECLUDE FOR YOU APPLICATION.

HEALTH SCREENING

THE APPOINTMENT OF ANY POST AT THIS HOME IS SUBJECT TO SATISFACTORY HEALTH SCREENING. YOU WILL THEREFORE BE ASKED TO COMPLETE A DECLARATION OF HEALTH AND MAY BE ASKED TO UNDERTAKE A MEDICAL EXAMINATION IF SUCCESSFUL.

I DECLARE THAT THE INFORMATION GIVEN IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT OMISSIONS OR FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT OR LEAD TO DISMISSAL.

I GIVE THE EMPLOYER THE RIGHT TO INVESTIGATE REFERENCES

SIGNATURE;-.....

DATE;-.....