

HIGHLAND HOME CARERS APPLICATION FORM

Please fill in the Application form, which is split into two parts; Part A and Part B. Please fill in both parts of the form and check it carefully before returning it. Please note that questions marked with an asterisk * are mandatory and therefore must be answered.

Return to: Highland Home carers Ltd, 1st Floor, 3 Stadium Road, Inverness IV1 1FF

For Office Use Only

Date Disclosure Sent:

Interview Date:

Ref Req Sent:

Date Processed:

APPLICATION FOR EMPLOYMENT WITH



APPLICATION FOR EMPLOYMENT – PART A

Personal Details

* Surname/Family Name			
* First Names			
Title		* Date of Birth	
UK National Insurance No		* Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address			
* Postcode		Work Telephone	
Home Telephone		Mobile Telephone	
		May we contact you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address			

Rehabilitation of Offenders Act

Due to the nature of the work involved, this post is exempt from the provisions of the above Act. You are therefore obliged to mention spent convictions. Please detail all convictions below. Failure to do so could lead to dismissal. Any details will be held in the strictest confidence.

* Have you at any time received, or had pending, a court conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details	

APPLICATION FOR EMPLOYMENT – PART B

Education & Professional Qualifications

Include in this section all the relevant qualifications. Please also indicate subjects currently being studied.

Subject/Qualification	Place of Study	Grade/result	Year

Training Courses Attended

Include in this section any relevant training courses that you have attended or details of courses that you are currently undertaking.

Course Title	Training Provider	Duration	Date Completed

Employment History

Please record below the details of your current or most recent employer

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date		End Date	
Reason for leaving (if applicable)			

Previous Employment

Please record below the details of your previous employment beginning with the most recent first. Please add additional employers/information on a separate sheet.

Previous Employer 1

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 2

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Additional Personal Information

Preferred Employment Type	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Flexible Hours
Availability?			
Do you have a valid driving licence for the UK?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have access to a vehicle, which can be used, for work purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a current Disclosure Scotland?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

References

Referee 1

*Surname/Family name		First Name	
Job Title			
*Address			
*Post Code			
Telephone			
Email			
* Relationship		*Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Referee 2

*Surname/Family name		First Name	
Job Title			
*Address			
*Post Code/ Zip Code			
Telephone			
Email			
* Relationship		* Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

STATEMENT TO SUPPORT APPLICATION

Please provide any information that may be relevant to your application. Please continue on a separate sheet if necessary.

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DECLARATION

The information in this form (Parts A & B) is true and complete. I agree that any deliberate omissions, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. This applies equally to any medical questionnaire/forms I may complete.

I agree to the above declaration			
Signature			
Name		Date	