

	Name: Surname _____ First name _____ Middle name _____		
	Address: _____		National Insurance No: _____
	Postcode: _____		Telephone Numbers:
	Email: _____		Home: _____ Mobile: _____
Have you ever used a different name? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, give all names: _____			
In emergency, notify:			
Name: _____		Telephone: _____	
Are you 18 years old, or over? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you got any unspent criminal convictions? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		If yes, give full details: _____	
Are you a British citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you hold a British passport? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you require a Work Visa for the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, give expiry date of Work Visa _____			
Position applied for:		Days, and times available	
Home Companion <input type="checkbox"/>	Nurse <input type="checkbox"/>	Monday <input type="checkbox"/>	_____
Care Giver <input type="checkbox"/>	Social Worker <input type="checkbox"/>	Tuesday <input type="checkbox"/>	_____
Senior Caregiver <input type="checkbox"/>	Other <input type="checkbox"/>	Wednesday <input type="checkbox"/>	_____
		Thursday <input type="checkbox"/>	_____
		Friday <input type="checkbox"/>	_____
		Saturday <input type="checkbox"/>	_____
		Sunday <input type="checkbox"/>	_____
Preferred location of work (list cities, towns, suburbs or villages): _____			
Expected earnings £: _____ per _____		Available starting date: _____	
Professional membership/registration detail/s:			
<u>Membership/Registration details</u>	<u>Number</u>	<u>Date (if applicable)</u>	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Other details: _____			
Do you have a car available for work? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have insurance for 'Business Use' for your vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Driving License Number _____		Vehicle Insurer _____	
Have you submitted an application to us before? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give details _____			
Have you been previously employed with us? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give details _____			
Do you have relatives employed at this agency? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give details _____			
Have you ever been discharged or asked to resign by a former employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, explain and provide full details, including dates: _____			

Where did you find out about our vacancies?
 (Tick below and provide details after source)

	<u>Name or details</u>		<u>Name or details</u>
1	___ Newspaper _____	8	___ Local Authority _____
2	___ Journal or Publication _____	9	___ Internet _____
3	___ University _____	10	___ JobCentre _____
4	___ College _____	11	___ Direct (enter details) _____
5	___ Community Training _____	12	___ Employee referral _____
6	___ Temporary Agency _____	13	___ Other referral _____
7	___ Employment Agency _____	14	___ Other _____

EDUCATIONAL HISTORY				
Establishment name	Location City/ Town	Date	Qualification	Grade/level achieved
SCHOOL				
COLLEGE				
UNIVERSITY				
OTHER				
Additional training/qualifications				
ADDITIONAL SKILLS				
Do you type? Yes <input type="checkbox"/> WPM _____ No <input type="checkbox"/>				
Do you take shorthand? Yes <input type="checkbox"/> WPM _____ No <input type="checkbox"/>				
What office machines/computers do you operate? _____				
List Software used? _____				
Do you have any other skills that you wish to mention? _____				
What other languages do you speak?				
What other languages do you read?		What other languages do you write?		
Hobbies and interests				

<p>EMPLOYMENT HISTORY please provide a full work history since leaving school, beginning with the most recent, with explanations of any gaps in employment</p>		
Name of Company	Business address	City, County, postcode
Telephone	Dates employed From _____ To _____	Immediate Supervisor
Position Title at start	Final Title (If different)	Earnings Start £ _____ Final £ _____
Description of duties		
Reason for leaving		
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Why? _____		
Name of Company	Business address	City, County, postcode
Telephone	Dates employed From _____ To _____	Immediate Supervisor
Position Title at start	Final Title (If different)	Earnings Start £ _____ Final £ _____
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Reason for leaving		
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Description of duties		
Reason for leaving		
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Why? _____		

REFERENCES Please note - if you have previously worked in care one of your referees must be an employer from that work																																					
Professional referee 1 Name: Address: Postcode: Phone: Job title: Capacity in which known to you:	Professional referee 2 Name: Address: Postcode: Phone: Job title: Capacity in which known to you:																																				
Personal referee Name: Address: Postcode: Phone: Job title: Capacity in which known to you:	Enter additional information in this space																																				
DECLARATION (Please read carefully before signing)																																					
I certify that the information in this application is correct to the best of my knowledge and belief and I understand that misrepresentation regarding this information is grounds for dismissal. I authorise the referees listed herein to provide any and all information regarding my previous employment and release all parties from liability for damage arising from the provision of such information																																					
In consideration of my service, I agree to conform to the rules, policies and procedures of ComForcare Senior Services and my employment can be terminated at any time at the option of ComForcare Senior Services, or myself, in accordance with the Contract of Employment and Employee Handbook																																					
I understand that no supervisor or other representative, other than a Director or designee, has authority to enter into an agreement for employment for a specified period of time, or to make agreement contrary to the foregoing. I also consent to taking any pre-placement medical examination as may be required by ComForcare Senior Services																																					
_____ Signature of applicant	_____ Date																																				
DO NOT WRITE BELOW THIS LINE																																					
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