

**Holistic Care Provision Abbey lea
Application for Employment Form**

Job applied for: For Office Use:

Please return form to Mrs. B Emmett. Abbey Lea Care Home York Rd Barlby Selby YO8 5JP.

We are committed to promoting the equality of opportunity and welcome applications from anyone who feels that they are able to carry out the duties, regardless of any previous experience.

Please tell us about yourself

Surname: First name:

Other previous names:..... Date of birth:

Home address:

.....

..... Postcode:

Home tel. no: Work tel. no:

Mobile no: Marital Status:

Current driving licence: YES / NO National Insurance No:

May we ring you at work? YES / NO Are you related to any present or former employees of the home? YES /NO

How did you find out about this vacancy?

Please give us the details of two people who will provide us with a reference. One should normally be your current employer. If this is not the case, please tell us why not. We will not contact your employer before an interview, but we will contact them before appointment.

Name: Position: Organisation: Address: Postcode..... Tel No: Tel other: Is this your current employer? YES/NO Are they related to you? YES/NO	Name: Position: Organisation: Address: Postcode..... Tel No: Tel other: Is this your current employer? YES/NO Are they related to you? YES/NO
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Application for Employment Form (contd)

Please tell us about your education and training

Please tell us about your education. List any qualifications gained:

School /College	From	To	Qualifications – include dates and grades

If you have undertaken any training or voluntary work to improve your employment prospects please give details below:

Please tell us about jobs you have had

Please tell us about the jobs you have had in the past ten years starting with your present or most recent job first. If there are gaps in employment please tell us why e.g. unemployment, bringing up family etc

Present/most recent employer	Job Title	Wages / rate of pay	From	To

Previous employer	Job Title	Wages / rate of pay	From	To

Application for Employment Form (contd.)

Further Information

Please use this space to tell us about any other information that you feel will help your application, including any other skills you may have

In case of Emergency(Notify)

Name and Address of Doctor:

Hours/Days - Required/Available

Mon	Tue	Wed	Thur	Fri	Sat	Sun

Declarations of Convictions / Disclosure of Information

Successful applicants will be asked to provide disclosure information as required under section 113 of the Police Act 1997.

Disclosure information will not be used unfairly and a criminal record will not necessarily be a bar to obtaining the position applied for.

No offer of employment will be withdrawn without discussion with the applicant.

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I certify that the information given in this application is true and accurate to the best of my knowledge. I also understand that if I am appointed and information is subsequently found to be false, I might be dismissed.

Signed Date

Data Protection Information
The information that you have supplied on this form will be processed and may be held on computer, and will be held on your personal records file if you are appointed.
The information will also be used for equality monitoring and statistical purposes. By signing this application you will be deemed to have given your consent to this, including information which may be considered to be sensitive and personal