



Parthings Farm, Tower Hill
Horsham
West Sussex
RH13 0JS

Tel: 01403 788080
www.helpandcompany.com

EMPLOYMENT APPLICATION

PERSONAL DETAILS:

Post applied for:			
How did you learn about the vacancy?			
Title (Mr/Mrs/Miss):	Surname:	First Name(s):	
Male/female:	Date of Birth:		
Address:			
Postcode:			
Telephone Nos:	Daytime:	Evening:	Mobile:
E-mail address:			
Do you hold a current UK driving licence?		Yes/No (delete as applicable)	
Are you legally eligible for employment in the UK?		Yes/No (delete as applicable)	
Do you require a work permit to work in the UK?		Yes/No (delete as applicable)	
Are you currently employed?		Yes/No (delete as applicable)	
Please note that prior to making an offer of employment, we are required by law to verify documentary evidence e.g. passport, birth certificate (and maintain copies for our files) regarding a candidate's eligibility to work in the UK. This applies to all applicants regardless of nationality/origin.			
This post is exempt from the provisions of the Rehabilitation of Offenders Act 1974, which means that applicants are not entitled to withhold any information requested about previous convictions even if, in other circumstances, they would be regarded as 'spent' under the Act.			

INFORMATION IN SUPPORT OF THIS APPLICATION

In your own words, describe the sort of work you think you would be asked to undertake if you were successful in getting this job:
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We generally provide cover between 08:00 and 22:00. Please indicate in the slots shown below the times you are generally available.			
	Morning (08:00 – 13:00)	Afternoon (13:00 – 18:00)	Evening (18:00 – 22:00)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

CURRENT (OR MOST RECENT) EMPLOYMENT OR WORK EXPERIENCE

Title of Post:	
Number of hours worked per week?	
Employer's Name:	
Address:	
Postcode:	
Nature of Business:	Date of Appointment:
Salary (Full time equivalent): or hourly rate:	Period of Notice:
Summary of Duties Responsibilities:	
Reason for Leaving:	



PREVIOUS EMPLOYMENT (most recent first - you may include unpaid work)
Please give a brief explanation of any periods of unemployment

Employer's Name and Address	Title of Post Held	Salary (FTE) or Hourly rate	Date From	Date To	Reason for leaving



Employer's Name and Address	Title of Post Held	Salary (FTE) or Hourly rate	Date From	Date To	Reason for leaving



1. Have you been bound over or ever been convicted of a criminal offence in the UK or in any other country?
No Yes (if yes, please give details on a separate sheet).
2. Have you been charged with a criminal offence, whether in the UK or another country, that is not yet "spent"?
No Yes (if yes, please give details on a separate sheet).
3. Have you received a police caution, final warning or reprimand?
No Yes (if yes, please give details on a separate sheet).
4. Are you currently the subject of any investigation or proceedings by any organisation (in this or any other country) which has regulatory functions relating to health/social care professionals?
No Yes (if yes, please give details on a separate sheet).
5. To your knowledge, are you currently the subject of any police investigation, whether in the UK or in any other country?
No Yes (if yes, please give details on a separate sheet).
6. Have you previously been dismissed from any employment, office or other position by reason of misconduct?
No Yes (if yes, please give details on a separate sheet).

You are required to inform Help and Company's Registered Manager if you are charged with a criminal offence in the UK or in any other country prior to taking up an offered position with Help and Company.

By signing this application, I confirm that I have truthfully answered the above questions, and can fully comply with the above requirements. Further, I also understand that this document does not constitute a job offer or contract of employment.

REFERENCES

Please give the name, address and telephone number of two people who would be willing to give you a reference. If you are currently or have recently been in employment, one of these should be your current or last employer. If not, a referee should be a person who can make a statement with regard to your character, e.g. a school or college teacher. Referees must not be members of your family or related to you in any way.

Name:	Name:
Job Title (if applicable):	Job Title (if applicable):
Address:	Address:
Postcode:	Postcode:
Telephone:	Telephone:
How does this person know you?	How does this person know you?
If required, may we take up reference before a second interview?	If required, may we take up reference before a second interview?
Yes/No (delete as applicable)	Yes/No (delete as applicable)

APPLICANTS DECLARATION

I hereby give my consent, in connection with this application, for all previous employers, educational institutions and references to be contacted to obtain and verify the accuracy of information provided by me in support of this application. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of the application or immediate termination of employment, whenever it may be discovered.

I understand that Help and Company is permitted to hold personal information about me as identified on this application form as part of its recruitment procedures and personnel records.

Note:

Help and Company is an equal opportunities employer and does not unlawfully discriminate in employment. No information provided by the applicant will be used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by law.

Applicant's signature:	Date:
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Finally, please complete the monitoring information at Appendix 1.

APPENDIX 1

(all information provided with be treated in strictest confidence)

1. DISABILITY & HEALTH MONITORING INFORMATION

Do you have any disability or medical condition, which may affect your suitability for this post?	Yes/No (delete as applicable)
If yes, please give details:	
If required, would you be willing to undergo a medical examination?	Yes/No (delete as applicable)
Are there any reasonable working adjustments you would need us to make to accommodate your health?	Yes/No (delete as applicable)
If yes, please give details:	
Give details of any periods of ill-health you have suffered within the last two years:	

2. DIVERSITY MONITORING INFORMATION (optional – you do not need to complete this)

Please tick the box which best describes your cultural & ethnic origin

<input type="checkbox"/> White British	<input type="checkbox"/> Black British	<input type="checkbox"/> Indian
<input type="checkbox"/> White Irish	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Pakistani
<input type="checkbox"/> White European	<input type="checkbox"/> Black African	<input type="checkbox"/> Bangladeshi
		<input type="checkbox"/> Chinese
<input type="checkbox"/> Other white origin Please specify:	<input type="checkbox"/> Other black origin Please specify:	<input type="checkbox"/> Other Asian origin Please specify:

FOR OFFICE USE ONLY	
DATE APPLICATION RECEIVED:	INTERVIEW: Yes/No
SHORTLIST Yes/No	NOTES ON REFERENCES: