

# Peace of Mind

## Homecare Services Ltd.



# Employment Application Form

## For The Position Of

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**Please complete this form as fully and accurately as possible. It contains details that will affect the Company's decision to offer you a position. Providing false details within this form will render you liable to disciplinary action and may lead to termination of employment.**

**Personal Details**

Title: Mr / Mrs / Miss / Ms (Delete as Appropriate)

Surname: ..... Maiden Name: .....

Forenames (including middle name): .....

Home Address: .....

.....

..... Post Code: .....

Telephone: (inc.std) ..... Contact (inc.std).....

e-mail Address: .....

Date of Birth (DD/MM/YY) ..... Nationality: .....

National Insurance Number: ...../...../...../...../.....

Marital Status: .....No. of Dependants: .....

Emergency Contact: .....

Address: .....

.....

Telephone Number..... Post Code: .....

Do you hold a full UK driving license: **YES/NO** Do you have usage of a car:  
**YES/NO**

Do you speak any foreign languages? **YES/NO** Languages: .....

**Rehabilitation of offenders act 1974**

**By virtue of the rehabilitation act of 1974 (Exceptions) Orders 1975, the provisions of section 4.2 of the Rehabilitation of offenders act 1974 are not applicable to any employment concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. Your answer to the question following must include any "spent" convictions.**

Have you ever been convicted of a criminal offence? **YES/NO**

If your answer to the above question is "Yes" please attach details, including dates.

**Educational History** (please include further / higher education)

Name of School or College/ university	Start Date	Leaving Date	Subject/Level	Grade Attained

**Professional/Vocational Qualifications**

Please provide details of any education/study/courses undertaken which you feel are pertinent to your application.

Course Date (and expiry date if app.)	Course Title	Description of Course

**Employment History** (in date order, starting with most recent)

Employer	Date Started	Date Left	Position Held (include brief description of duties)	Reason for Leaving

## Referees

**Please provide details of your current or last employer. Note: these professional referee details must be complete unless mitigation's do not permit**

**Current Employer / Last Employer if Not Currently Employed**

Name: ..... Company: .....

Date of Employment: ..... Position Held: .....

Address: .....

.....

Post Code: ..... Telephone (inc. STD): .....

**Please provide contact details of a second professional referee, who must be a former employer or a former lecturer or teacher**

**Professional Referee 2**

Name: ..... Known Since : .....

Capacity in which known:.....

Address: .....

.....

Post Code: ..... Telephone (inc. STD): .....

**Please provide contact details of a personal referee**

Name: ..... Known Since : .....

Address: .....

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Post Code: ..... Telephone (inc. STD): .....

### **Previous Social Care Experience**

Please give details of your previous experience with user groups in Social Care  
e.g. Mental Health, Physical Disability, End of Life

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### **Hobbies & Interests**

Please give details of your activities outside work

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### **Other Information**

Please use this space for any additional information, including a brief  
statement as to why you are well suited to this type of work

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**Declaration**

I declare that I have completed all sections of this form to the best of my ability and honesty. I accept that any falsification of this information is grounds for your refusing to employ me or, if employed, instant dismissal without notice or pay in lieu.

I authorise any of the persons or organisations listed in my application to give all information concerning my previous employment, education or any other information they may have, personal or otherwise, with regard to any of the subjects covered by this application and I release all such parties from all and any liability that may result from providing such information to you. I authorise you to request and receive such information

I also understand that information on this form will be used to apply for an enhanced CRB check, a medical fitness check and for a check against records held .

I hereby acknowledge that I have been advised that this application will remain under consideration for no more than 90 days from the date it was signed.

**Applicant Name:**.....

**Signed:** ..... **Date:** .....