

Application
For
Employment

CARELINE CC LTD
ARENA BUSINESS CENTRE
HOLY ROOD CLOSE
POOLE
BH17 7FJ
01985 214225 or 01202 606266

Email: carelineccltd@btconnect.com
Web: www.carelineccltd.co.uk

Application for Employment

Position applied for	Where did you see this post advertised
Job title:	Local paper/Web/Other please state:

1. Applicants Details	
Full name (including title):	Home address:
Next of Kin Contact details:	

Telephone number:	Email address:
Home:	Mobile: Email:

Do you hold a current full driving license that allows you to drive in the UK?	Yes/No
Do you have access to a car that you can use for work?	Yes/No
Have you ever been banned from driving, or do you have any current endorsements on your license?	Yes/No
Does your car insurance include business use?	Yes/No

Do you consider yourself disabled under the Disability Discrimination Act (DDA)?	Yes/No
Do you require any particular arrangements for an interview? Yes/No	
Is there anything concerning your medical history or state of health that is relevant to your application?	Yes/No

Do you have a legal right to work in the UK? Are there any restrictions regarding your employment? E.g. do you require a Work Permit?	Yes*/No *If you answer 'YES' please supply details on a separate sheet of paper *If you answer 'NO', please note that we are unable to recruit anyone who does not have the legal right to work in the UK.
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How much notice do you need to give to your current employer?

Please start with your most recent employment. Briefly describe the main duties and responsibilities of your post. If you wish to expand on specific areas of responsibility, please do so in section 5: Experience/skills

2. Current most recent employer/organization	
Name:	Address:

Job Title:	From:	To:
Brief description of duties		
Reason for leaving/changing		

employer/organization	
Name:	Address:

Job Title:	From:	To:
Brief description of duties		

employer/organization

Name:	Address:
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Job Title:	From:	To:
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Brief description of duties

Reason for leaving/changing

employer/organization

Name:	Address:
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Job Title:	From:	To:
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Brief description of duties

Reason for leaving/changing

Please tell us about your education and any qualifications which you feel are relevant to the post. Include relevant courses which you are currently undertaking. Please start with the most recent.

3. Education

Name of school/college/university/ training body	Subject studied/qualification/level/date gained
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in paid employment and may include special interests relevant to the post. It is important that you provide evidence of your achievements by giving examples to support your application. You may wish to use the headings in the person specification in order to set information out clearly.

6. References

*Please give name, address and position/occupation of three referees. One must be your present or most recent employer.
References will only be taken up for the successful candidate. Testimonials or references from friends and relatives are not acceptable.*

1. Name:	2. Name:
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Position	Position:
Organisation	Organisation:

Address:	Address:
Tel:	Tel:

3. Name:

Position
Organisation

Address:
Tel:

Availability for work

	Mornings	Lunch	Evenings
Weekdays			
Saturdays			
Sundays			

Do you have any other work commitments, either paid or unpaid, which you would wish to continue with if offered employment by Careline cc ltd? Yes/No (if yes, please give details at interview)

Please be aware that, you may not without the prior permission in writing of Careline CC Ltd, be employed or otherwise engaged in any other business, trade or profession either directly or indirectly in any capacity whatsoever.

7. Criminal Records Declaration

The nature of the work you are applying for is exempt from the provisions of the Rehabilitation of Offenders Act 1974. An enhanced Criminal Records Bureau check will be obtained prior to employment. (Cost of CRB to be incurred by applicant, current cost £46.20) It is therefore a requirement that all previous convictions are declared, even those which for other purposes is "spent". All disclosures will be treated in strict confidence and will be considered only in the relation to this application. **(If none please state 'none')**

8. PRE-EMPLOYMENT HEALTH STATUS QUESTIONNAIRE

This questionnaire is used to obtain basic information about your health as this is a necessary requirement prior to appointment, The purpose of the enquiry is for a prescribed reason which includes;

- To identify any possible adjustments that may be required to job role and or working environment for the health and safety of service users and or employee.
- Established whether the individual needs further assessment.

Please answer all the following questions by circling the appropriate word: if the answer is yes, circle Yes; if it is no, circle No

1. Do you have any physical or mental impairment that could be classed as a disability under the Disability Discrimination Act 1995?

YES / NO

2. Have you ever received compensation or a disability pension?

YES / NO

3. Are you able to carry out strenuous physical work including bending, lifting & carrying?

YES / NO

4. Have you ever had to give up a previous job for medical reasons?

YES / NO

5. Have you been off work continuously for more than a month during the last five years?

YES/ NO

6. Have you ever had any operations requiring hospital admission for five or more days?

YES / NO

7. Is your eye sight normal (with glasses/lenses if worn)?

YES / NO

8. Is your hearing normal?

YES/ NO

9. Do you regularly take tablets or medicine?

YES / NO

If yes, what do you take?

Have you ever had any of the following?

Diabetes	YES / NO
Tuberculosis	YES / NO
Angina	YES / NO
Any other heart trouble	YES / NO
Raised blood pressure	YES / NO
Back trouble, lumbago, sciatica, 'Slipped disc'	YES / NO
Epilepsy, recurring blackouts or fits	YES / NO

Have you ever had any of the following in the past five years?

Bronchitis, asthma, pneumonia	YES / NO
Dermatitis, Eczema or any other skin trouble	YES / NO

Do you suffer from any of the following?

Migraine or severe recurring headaches	YES / NO
Anxiety, depression or any other nervous complaint	YES / NO
Fainting attacks or giddiness	YES / NO
Ear trouble, discharging or infected ear	YES / NO
Kidney trouble or urinary infection	YES / NO

If you have circled any answers as YES, please give brief details below:

Have you ever had any other serious illness? If yes, please give brief details below:

YES / NO

Have you consulted a doctor about your health during the past 12 months? If yes, please give brief details below:

YES / NO

7. Declaration

(Please read carefully before signing)

I confirm that I am eligible to work in the UK. I fully accept that I am applying for employment within Careline CC Ltd in the full knowledge and understanding that should Careline CC Ltd offer an introduction to a client and I accept such an introduction, any service that I provide, which are not allocated through Careline CC Ltd, are provided as a self-employed person. As a self-employed person, I accept that Careline CC Ltd's duty is that of an agent, not employer, and in signing this disclaimer I acknowledge that Careline CC Ltd nor its employees, hold any responsibility or liability whatsoever for the services I provide, nor for the consequences of the provision of such services, including personal accident, damage to client's property, etc.

I confirm that I have not been subject to any cautions or convictions (other than those given above), investigation, disciplinary action, or enquiry into adult/child protection matters or inappropriate behavior, and that the information I have given in the criminal record declaration section is to the best of my knowledge correct.

I am willing to undergo a medical examination if required and I declare that the information I have given is correct to the best of my knowledge. I agree that Careline CC Ltd may consult my own doctor about any of the information given on this form.

I declare that the information given on this form is to the best of my knowledge complete and correct.

NOTE: ANY FALSE, INCOMPLETE OR MISLEADING STATEMENTS MAY LEAD TO DISMISSAL.

Print name:

Signed

Date

*By signing and returning the application form you consent to **CARELINE CC LTD** using and keeping information about you provided by you - or a third parties such as referees - relating to your application or future employment. This information will be used solely in the recruitment process.*

Thank you for completing the form.

Equal Opportunities Monitoring – Recruitment

Careline cc ltd is committed to the promotion of equality of opportunity in its employment policy, practices and procedures. To make this meaningful we need to monitor the effectiveness of our policies, by analysing statistical information. We would be grateful if you could provide us with the following information – **we value your contribution, which will ensure our statistics are accurate and representative of people who are seeking employment with Careline cc ltd.**

This form will be separated from your application form and treated in the strictest confidence. **The information you provide will be used for statistical purposes only and will not be used as part of the recruitment selection process. It is helpful if you complete *all* sections of the form.**

Notes on completing this form:

Ethnic Origin:

The ethnic origin categories the same as those used in the population census in 2001. They are recommended by the Commission for Racial Equality and are the basis for reporting statutory performance indicators.

Disability:

The definition of disability under the Disability Discrimination Act 1995 is “a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities”.

1) Details

Name: _____

(Your name is required in order that we can identify which stage of the recruitment process you reach i.e. interview, appointment)

Post/Ref No: _____

Job Title: _____

Where did you see/hear about the job? _____

2) My sex is (please tick appropriate box):

Male

Female

3) Ethnic Origin

I would describe my ethnic origin as:		Please tick one box	Ref.
White	British		WB
	Irish		WI
	Any other white background *		WO

