

JOB APPLICATION FORM

HomeCare Finder Ltd

RANK LODGE
SUTTON MANOR
SUTTON SCOTNEY
WINCHESTER.
HANTS. SO21 3JX. Tel: 01962 761461

Reference No:

Application for the position of:

PERSONAL

Preferred Title: (Mr Mrs Ms Miss Other) Address:

Surname:

First Name(s):

Email:..... Post Code

Tel No:(Day) Mobile:

NEXT OF KIN

Name: Do you hold a current driving licence YES/NO

Address Do you have daily use of a car YES/NO

..... Have you ever been convicted of a criminal offence.
(spent convictions as defined by the Rehabilitation of
Offenders Act 1974 being specifically excluded) YES/NO

Telephone No: If YES please give details:

Can this person be contacted in an emergency YES/NO

I confirm that I give permission for HCF to carry out a Police check on myself with the Criminal Records Bureau

Applicants signature

EQUAL OPPORTUNITIES

GENDER AND ETHNIC ORIGIN

Please tick as appropriate:-

Female Single Divorced

Male Married Widowed

To which of the following groups do you belong ?

White - UK Black - Caribbean
White - Irish Black - African
White - European

White - Other(please specify) Black - Other (please specify)

Indian
Pakistani
Bangladeshi
Chinese

Others (please specify).....



EDUCATION			
From	Dates To	Name and address of Secondary School	Courses taken, examinations passed grades obtained

FURTHER EDUCATION (If applicable)			
From	Dates To	College/Polytechnic/University	Courses taken, examinations passed grades obtained

TRAINING
Please give details of any courses attended, including professional membership and qualifications

PRESENT OR MOST RECENT EMPLOYMENT (If applicable)	
Name of employer	
Address	
	Telephone No
Present position	Reason for leaving
Date appointed	Notice required
Current rate of pay	
Brief description of duties and responsibilities :-	
.....	
.....	
.....	

PREVIOUS EMPLOYMENT					
Dates		Employer	Brief summary of duties and responsibilities	Rate of pay	Reason for leaving
From	To				

Please note that redundancy and dismissal must be clearly stated

OTHER INTERESTS

You may wish to include voluntary and /or unpaid work here in addition to leisure interests.

AVAILABILITY

As work in the Care Profession requires flexibility and some applicants will only be wanting part-time work please indicate your availability below:-

	Mornings	Afternoons	Evenings	Sleepovers
Monday	.....	.....	.....	.....
Tuesday	.....	.....	.....	.....
Wednesday	.....	.....	.....	.....
Thursday	.....	.....	.....	.....
Friday	.....	.....	.....	.....
Saturday	.....	.....	.....	.....
Sunday	.....	.....	.....	.....

HEALTH

Do you have any health problems which may affect your work ? YES/NO

If so, please give details

How many days have you had off work due to sickness in the last 12 months
Please give brief explanation if more than 5 days

Have you had any of the illnesses/conditions in the following categories:

Severe or chronic illness in the last 5 years	YES/NO
Work related sickness absence in the last 5 years	YES/NO
Back problems at any time	YES/NO
Anxiety or depressive illness at any time	YES/NO

If you have answered YES to ANY of the questions please give details of the illnesses/conditions involved

REFERENCES

Please give names and addresses of two referees, one of whom must be your present/most recent line manager (paid or voluntary work) or an academic referee if you are a student. We will take up references before making an offer of employment.

Name:	Name:
Address:	Address:
.....
.....
Post Code	Post Code
Telephone No:	Telephone No:
Occupation/Relationship:	Occupation/Relationship:

May we approach before interview YES/NO May we approach before interview YES/NO

DECLARATION

I declare that the information provided in this application is to the best of my knowledge correct and complete. I understand that false information or deliberate omission of any material facts may result in refusal of employment or dismissal

Signed Date

Thank you for your time and effort in completing this form. Please return it to **HomeCare Finder Ltd**, Rank Lodge Sutton Manor, Sutton Scotney, Nr Winchester, Hampshire, SO21 3JX. Telephone: (01962) 761461. Fax (01962) 761185.

Office Use Only. Date application returned: Date interviewed: Out come:

Date of Induction: Personal Care training Required: - YES/NO

Date of Personal Training: Handling Training Required - YES/NO, Date of training: