



EMPLOYEE APPLICATION FORM

All information will be treated in the strictest confidence - please write clearly in BLOCK CAPITALS

Position Applied For	
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Personal Information

Surname		Title Mr/Mrs,etc	
Forenames		Next of Kin	
Maiden Name		Emergency Tel.	
Address			
	Post Code		
Home Telephone Number		Mobile Tel. No.	
Email Address			
Current Nationality		Nationality at Birth	
P.I.N. No./Work Permit No.		National Ins. No.	
Do you hold a current full UK driving licence	YES / NO		

Education

SECONDARY SCHOOLS ATTENDED	EXAMS TAKEN	GRADES	DATES

COLLEGE/UNIVERSITY ATTENDED	EXAMS TAKEN	GRADES	DATES

Do you have any friends or relatives currently employed with the company or who are Residents within the Home	YES / NO
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Current or Most Recent Employment

Are you currently employed?	YES / NO
Name and Address of your most recent employer.	
Position held and main responsibilities	
How long have/did you work for this employer?	
Reason for leaving your last position or wanting to leave your current position.	
Date available to start/notice required?	

Details of Previous Employment

Name & Address	Dates From-To	Position Held & Main Responsibilities	Reason for leaving

If appointed, would you be willing and able to vary your shifts or days off duty as the needs of the Care Home may require through illness or absence of other members of staff? YES/NO

Please provide details of any holiday commitments you have in the next twelve months -

Where did you hear about this vacancy -

REHABILITATION OF OFFENDERS ACT (EXEMPTIONS) ORDER 1974

This post is exempt from the provision of the Rehabilitation of Offenders Act (Exemptions) Order 1974. In order to protect the public, the post for which you are applying is exempt Section 4(2) of the Rehabilitation of Offenders (exemptions) Order 1975. It is not therefore, in any way contrary to the Act to reveal any information you may have concerning convictions which would otherwise be considered "spent" in relation to your suitability for employment. Any information will be kept in the strictest confidence and only used in the consideration of the suitability of you for the position where such exemption is appropriate.

I specify below details of all charges pending and / or convictions. (Please specify "None" if appropriate and sign below.

I confirm the information given above is true and accurate.

Signature

Date

Leisure Interests & Hobbies

Please provide details of all your leisure interests and hobbies you have.

Supporting Statement.

In your own words please state why you consider yourself to be suitable for the position you have applied for. (Consider your experience, personality and characteristics.)

Please Enclose copies (DO NOT SEND ORIGINALS) of at Least Three of The Following Documents To Enable An Enhanced Disclosure to be Applied For.			
Driving Licence	Yes / No	Gas/Electricity Bill	Yes / No
Passport	Yes / No	Telephone Bill	Yes / No
Birth Certificate	Yes / No	National Insurance No.	Yes / No
Bank Statement	Yes / No	2 Passport Photographs	Yes / No

References

Please provide two business references one of which must be your current or most recent employer.

Name		Name	
Address		Address	
Post Code		Post Code	
Tel. No.		Tel. No.	

I can confirm the information I have provided on this form is true and accurate.

Name		Signature	
	Date		

Please Return Your Completed Application Form To:

**Benore Care Centre
Lochleven Road
Lochore
Ballingry
Fife
KY5 8HU**

Availability Chart

Please complete the following chart indicating what your chosen hours would be, what you would be available to do if required and what hours you would definitely not be available to work.

A = ALWAYS AVAILABLE	M = MAYBE AVAILABLE	N = NEVER AVAILABLE
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DAY	EARLY SHIFT 7am-2.30pm	DAY SHIFT 2.30pm-10.00pm	NIGHT SHIFT 10.00pm-7.00am
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

When completing this availability chart please bear in mind that flexibility is key to the Care Home.



HEALTH QUESTIONNAIRE

This questionnaire will only require completion if successfully invited to interview.

Surname		Title	
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Forenames	
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Please answer YES or NO to the following questions

Question		Answer YES/NO
1	Do you smoke cigarettes, Cigars, Pipe, etc?	
2	Do you drink alcohol, other than for social purposes?	
3	Do you suffer from back problems or pain?	
4	Have you had any serious illnesses or operations?	
5	Do you suffer from respiratory, heart conditions, diabetes, blood pressure, kidney or gynaecological problems?	
6	Have you ever experienced fainting attacks or fits?	
7	Do you have sight or hearing defects?	
8	Do you suffer from irritable bowel syndrome or similar?	
9	Do you experience repeated throat infections?	
10	Have you ever suffered from nervous problems?	
11	Have you ever experienced an injury at work?	
12	Have you ever been refused a life insurance policy?	
13	Within the last six months, have you received treatment or medication from a Doctor?	
14	Have you any current vaccinations or immunisations?	
15	Do you suffer from any allergies?	
16	How many days of sickness have you experienced in the last twelve months?	
17	If registered disabled please provide registration number & date	

If you've answered YES to any of the above question, please provide details and dates below
