



EMPLOYMENT APPLICATION FORM

POST APPLIED FOR:	
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PERSONAL DETAILS:			
SURNAME (Block Letters please):		Mr/Ms/Mrs/Miss:	
FIRST NAMES:			
HOME ADDRESS:			
POST CODE:			
TELEPHONE NO	Home:		Mobile:
EMAIL ADDRESS:			
DATE OF BIRTH:		Age:	

NATIONAL INSURANCE NUMBER	
ARE YOU A BRITISH CITIZEN?	YES / NO
IF NO - ARE YOU LEGALLY ENTITLED TO WORK IN THE UK?	YES / NO
<small>(You will be required to provide documentation that states your eligibility to work i.e. passport before employment begins)</small>	
DO YOU HAVE A CURRENT UK DRIVING LICENCE?	YES/NO
IF YES, FOR HOW MANY YEARS	
HAVE YOU ANY ENDORSEMENTS?	YES/NO
ARE YOU ABLE TO WORK UNSOCIABLE HOURS (including weekends)?	YES/NO

The Richardson Partnership for Care Employment Application Form

PRESENT EMPLOYMENT:				
NAME OF COMPANY:				
ADDRESS:				
POST CODE:				
NATURE OF BUSINESS:				
WHO WERE YOU RESPONSIBLE TO?				
PRESENT SALARY?				
OTHER BENEFITS:				
DATE OF THE APPOINTMENT:		NOTICE PERIOD		
REASON FOR SEEKING OTHER EMPLOYMENT:				
BRIEF DESCRIPTION OF DUTIES PERFORMED:				
PREVIOUS EMPLOYMENT				
Starting with the most recent position and covering not more than 15 years				
Employer	Job Title	Grade	Dates	Reason For Leaving

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EDUCATION, TRAINING, QUALIFICATIONS?					
Secondary School/ College/University	Dates From To		Qualifications Gained (state level)	Grades	Dates

MEMBERSHIP OF PROFESSIONAL BODIES: The Company may ask to see proof of membership, as it could be useful to your work.		
Body	Membership Status	Since

INFORMATION IN SUPPORT OF YOUR APPLICATION:

Please give brief details of relevant experience (include any voluntary work experience which will support your application, and details of relevant short courses). Information supplied on CV's will be accepted as an answer to this question.

OUTSIDE HOBBIES, INTERESTS AND ACTIVITIES:

HEALTH AND MEDICAL DETAILS (THAT MAY AFFECT YOUR WORK).

The Richardson Partnership for Care Employment Application Form

REFEREES
One of whom must be your present/last employer

Note: References will be taken up for applicants selected for interview, and if so may we contact your present employer at this time	YES/NO
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NAME:		POSITION HELD:	
COMPANY NAME:			
ADDRESS:			
POSTCODE:			
TELEPHONE NO:			
EMAIL ADDRESS:			

NAME:		POSITION HELD:	
COMPANY NAME:			
ADDRESS:			
POSTCODE:			
TELEPHONE NO			
EMAIL ADDRESS:			

All the above information is correct to the best of my knowledge, and I realise that if I falsify any information it could lead to immediate dismissal, should I prove successful in gaining employment.

Signature of Applicant:		Date:	
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REHABILITATION OF OFFENDERS ACT 1974

Confidential

A convicted person who has served a sentence of less than two and a half years imprisonment may, after a stated rehabilitation period, regard his conviction as spent, (i.e., as if it had not occurred) when applying for jobs other than those which are exempted. Registered homes are included in the list of exempted employment and occupations.

This means that you are not entitled to withhold information about convictions, which for any other purposes are spent under the provisions of the Act. The Council may consider that any person withholding, or attempting to withhold such information is not a fit and proper person to work within a registered home. Any information given will be treated in strict confidence. Details of the provision of this Act are available in HMSO booklet form "Wiping the Slate Clean".

**PRIVATE AND CONFIDENTIAL
Personal Declaration Regarding Criminal Convictions**

The Richardson Partnership For Care – Dawn Briggs
8 Kingsthorpe Grove
Kingsthorpe
Northampton
NN2 6NT

Name of Applicant			
Address			
<p>I understand the position offered is exempt from the provisions of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975 and is subject to disclosure under the Care Standards Act 2000. I declare that I do not, nor have ever possessed a criminal record, nor have I been subject to any conditional discharge, bindovers or cautions.</p>			
Signature of Applicant:		Date:	
<p>If you are unable to sign the above declaration please list any convictions, conditional discharges, bindovers and cautions.</p>			
Date	Offence	Sentence	
<p>I declare the above information to be true and I understand that providing false information would be considered a breach of contract and therefore result in disciplinary action being taken.</p>			
Signature of Applicant:			
Print Name:		Date:	

EQUAL OPPORTUNITIES MONITORING FORM

In accordance with our Equal Opportunity Policy, Part 2 of the Employment Form will be detached and will not be used during any short listings or for subsequent processing. The information you give us will be used solely for the purpose of monitoring our Equal Opportunity Policy and its effect upon the recruitment and selection process.

POST APPLIED FOR:							
NATIONALITY:							
ETHNIC ORIGIN (Insert X)							
WHITE		BLACK CARIBBEAN		BLACK ASIAN		BLACK OTHER	
INDIAN		PAKISTANI		BANGLADESHI		CHINESE	
ANY OTHER ETHNIC GROUP							
HOW DID THIS VACANCY COME TO YOUR ATTENTION?:							

APPLICANT AUTHORISATION FOR REFERENCE CHECK

I **(Please insert name)** voluntarily consent to authorise The Richardson Partnership for Care to check my reference by contacting my referees as submitted on my completed application form (one of whom must be my present/last employer).

Signature of Applicant:		Date:	
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