

## Providing care for our community for more than 10 years

APPLICATION FOR EMPLOYMENT		
NAME:		
ADDRESS:		
POST CODE:		
DAYTIME TELEPHONE:	MOBILE PH	ONE NUMBER:
DATE OF BIRTH		
NATIONAL INSURANCE NUMBER:		
POSITION APPLIED FOR:		
DRIVERS YES/ NO		
CUURENT ENDORSEMENTS YES/ NO		
CAR OWNER YES/ NO		
SCHOOLS ATTENDED	FROM - TO	EXAMS AND GRADES ACHIEVED
EXPERIENCE AND QUALIFICATIONS	Please Include as be relevant to yo	ny voluntary work that you feel would our application.

**EMPLOYMENT HISTORY**: This must be fully inclusive including details of all gaps in employment with a detailed explanation. (Please use other sheet if necessary)

EMPLOYER NAME AND ADDRESS	FROM	то	REASON FOR LEAVING

**REFERENCES:** Please provide two employment references one being your most recent. If for any reason you cannot supply two employment referees we will accept character references but these must not be friends or family.

Name:	Name:
Address:	Address:
Post Code:	Post Code:
Email:	Email:
Telephone NO:	Telephone NO:
Relationship to Applicant:	Relationship to Applicant:
Are you registered Disabled Yes/ No	

Hours available/ flexibility please tick relevant boxes for times you are available to work.

SHIFT	Time	MON	TUE	WED	THU	FRI	SAT	SUN
Morning	07.00-11.00							
Lunch Time	11.00-14.00							
Evening	14.00-18.00							
Bed Time	18.00-22.00							

Bed Time	18.00-22.00							
MEDICAL HISTORY								
	BRIEF DETAILS			•	-			CAL
HISTORY THA	T MAY AFFECT	YOUR ABI	LIIYIN IH	E POSITION	I IHAYI YC	OU HAVE API	LIED FOR	
CRIMINAL COI	NVICTIONS							
	LARE AND PRES		•		•			
guilty by a cou	urt of any offer	ice, nor b	ound over,	nor placed				
conditionally	or absolutely ir	n relation	to such off	ences				
DECLARATION								
Lundovetond	hat bassuss m		:+b !!awa?a			واطوسو سارين ط	naanla La	
	that because months on to disclose	•						
	nat failure to di			•				
result in the immediate termination of your employment with Here2care. This is exempt of the rehabilitation of offenders act 1974.								
I consent for Here2care to take up necessary checks on the declaration of the above.								
I consent for I			cessary che	ecks on the	declaratio	n of the abo	ve.	
Signature:			cessary che	ecks on the	declaratio	n of the abo	ve.	
			cessary che	ecks on the	declaratio	n of the abo	ve.	

## HERE2CARE EQUAL OPPORTUNITIES MONITORING

## **CONFIDENTIAL**

We at Here2care aim to be an equal opportunity employer and select staff solely on merit irrespective of race, sex, marital status, disability etc.

In order to monitor the effectiveness of our policy, we request that all applications provide the following information by circling the appropriate option.

All information will be held in the strictest confidence and will not affect your application.

Name:		
Post Applied for:		

I would describe my ethnic origin as, please circle.					
White	Indian	Pakistani	Bangladeshi		
Chinese	Black African	Black Caribbean	Black Other		

My sex is	
Male	Female

My marital status is, please circle.	
Married	Single
Divorced	Partner

l am	
Able –bodied	Disabled