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| **JOB APPLICATION** |

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| **POSITION APPLIED FOR: Job Reference:** |
| ***Please complete this Application Form in block capitals in black or blue ink*** |
| **A: PERSONAL DETAILS** |
| **Title (Mr/Mrs/Miss/Ms/other): \_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forename(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Telephone *Private: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **National Insurance No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **B: HEALTH & DISABILITIES** |
| **Do you have any disabilities which may be relevant to this Job Application? YES / NO**  **If so, please describe them: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Are you Registered Disabled? YES / NO RDP No: \_\_\_\_\_\_\_\_\_\_\_\_\_**  **Overall state of health: EXCELLENT / GOOD / POOR**  **Hearing: EXCELLENT / GOOD / POOR**  **Eyesight: EXCELLENT / GOOD / POOR *SPECTACLES / CONTACT LENSES / NEITHER***  **Please give details of any medical condition for which you have received treatment in the past 3 years:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Have you had treatment for any condition relating to the abuse or misuse of drugs or alcohol within the last 5 years? YES / NO**  **If "YES" please provide brief details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Are you prepared to undergo a medical examination? YES / NO** |
| **C: DRIVING RECORD** |
| **Are you a car owner? YES / NO Make / model / year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Current Driving Licence: PROVISIONAL / FULL / PSV / NONE**  **Driving Licence valid from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Details of current endorsements : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Have you ever been disqualified from driving, or had insurance refused? YES / NO**  **If "YES" please provide brief details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **D: EDUCATION & PROFESSIONAL TRAINING *(from year 11)*** | | | | |
| **Education Centre *(school, college etc)*** | **DATES** | | **Qualifications gained** | |
| **from** | **to** |
| **1. Secondary Education *(secondary school)*** | | | | |
|  |  |  |  | |
| **2. Higher Education *(university / college / polytechnic)*** | | | | |
|  |  |  |  | |
| **3. Further Education (Professional Training)** | | | | |
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| **4. Membership of Professional Organisation / Trade Union** | | | | |
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| **E: LEISURE ACTIVITIES** | | | | |
| **Please provide brief details of your hobbies, sport and other leisure pastimes in which you participate:**  **Languages (other than English) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPOKEN / FLUENT / WRITTEN / READ**  **: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPOKEN / FLUENT / WRITTEN / READ** | | | | |
| **F: REHABILITATION OF OFFENDERS ACT, 1974** | | | | |
| ***Through the 1975 Exemptions Order of the Rehabilitation of Offenders Act, 1974, and by virtue of the nature of the post for which you are applying, we are obliged, as your prospective employers, to ask the following question. Any information supplied by yourself will be remain confidential and considered only in relation to this Job Application:***  **With the exception of minor motoring offences, have you ever been convicted of any criminal offence by a Court of Law?**  **YES / NO If "YES" please provide brief details of the offence(s) and relevant dates:**  ***Signature:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date:* \_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |

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| **G: EMPLOYMENT HISTORY** | | | | | | |
| ***Please provide details of all employment for the last 5 years, beginning with your present or most recent job first and no gaps should be left*** | | | | | | |
| **DATES** | | | **Employer & Address**  **(Use additional sheet)** | **Salary** | **Position(s)**  **held** | **Reason for leaving** |
| **from** | | **to** |
|  | |  |  |  |  |  |
| **H: VOLUNTARY & COMMUNITY WORK EXPERIENCE** | | | | | | |
| **DATES** | | | **Organisation** | **Position(s) held** | | **Duties** |
| **from** | | **to** |
|  | |  |  |  | |  |
| **I: JOB FLEXIBILITY** | | | | | | |
| **Prepared to work: FULL-TIME / PART-TIME / SHIFTS**  **If PART-TIME please indicate preferred hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Details of any other work which you will continue to undertake if you are offered this Job Position:**  **Please provide details of any outstanding holidays to be taken:**  **AVAILABLE TO TAKE UP EMPLOYMENT FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **J: REFERENCES** | | | | | |
| **Please provide details of 2 referees who we may approach with regards to this Job Application. These referees must not be members of your family, and one must be your present or most recent employer:**    **1. Name of Organisation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name & Occupation of Person giving Reference\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **2. Name of Character Reference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name & Occupation of Person giving Reference\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **K: Declaration by Job Applicant** | | | | | |
| **ANY PERSON, UPON SUBSEQUENT EMPLOYMENT, THAT IS FOUND TO HAVE KNOWINGLY SUPPLIED FALSE OR MISLEADING INFORMATION, OR HAS DELIBERATELY WITHHELD RELEVANT INFORMATION, WILL BE SUMMARILY DISMISSED**  **I have read and understood the information supplied to me in relation to this Job Position, and the information requested in this Job Application Form. I confirm that all information supplied by me is true and correct to the best of my beliefs.**  **I give the prospective employer the right to follow up all references and to make any other job-related enquiries as may be deemed necessary.**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **SSA STAR CARE** **IS AN EQUAL OPPORTUNITIES EMPLOYER**  **The sole criterion for selection of applicants will be suitability for the Job Position, regardless of gender, background, culture, ethnic denomination, religious affiliation, marital status or disability** | | | | | |