

APPLICATION FOR EMPLOYMENT

HOLME MANOR
RESIDENTIAL HOME

Holme Lane, Townsend Fold, Rossendale. BB4 6JB

Date.....

Where did you see this vacancy advertised.....

FULL NAME.....DATE OF BIRTH.....

ANY PREVIOUS NAMES.....NAT.INS.NO.....

ADDRESS.....

TEL.NO.....POSITION APPLIED FOR.....

RELIGION.....SMOKER/NON SMOKER.....

DOCTOR.....TEL.....ADDRESS.....

NEXT OF KIN.....OWN TRANSPORT.....

Height.....ft.....inches /mtr.....cms Weight.....stones.....lbs /kg

QUALIFICATIONS.....

..... LANGUAGES SPOKEN.....

NAMES & ADDRESSES OF PREVIOUS EMPLOYERS (since leaving education - **INCLUDING LAST ONE**) length of service & **reasons for leaving**

1/.....

Dates of employment From..... To..... Position.....

Reason for leaving

2/.....

Dates of employment From..... To..... Position.....

Reason for leaving

3/.....

Dates of employment From..... To..... Position.....

Reason for leaving

HAVE YOU EVER BEEN DISMISSED FROM A JOB YES/NO (IF YES GIVE REASON)

IS THERE ANYTHING THAT WE MAY BE CONCERNED ABOUT THAT MAY LEAD US TO CONSIDER NOT EMPLOYING YOU YES/NO IF YES PLEASE GIVE DETAILS:

DO YOU SUFFER FROM ANY PERMANENT DISABILITY OR MEDICAL CONDITION?YES/NO

IF YES GIVE DETAILS.....

DO YOU HAVE OR HAVE YOU EVER SUFFERED FROM: Yes No Please give full details
Attach a separate sheet if needed

Back or neck pain?	!	!	!
Rheumatic or arthritic conditions?	!	!	!
Hernia?	!	!	!
Upper limb disorder such as tenosynovitis, Tendonitis or carpal tunnel syndrome?	!	!	!
Fits, fainting attacks or epilepsy?	!	!	!

Depression, anxiety or nervous illness, or have you been referred for psychiatric assessment	!	!	!
Typhoid, paratyphoid, dysentery or food poisoning	!	!	!
Tuberculosis or hepatitis?	!	!	!
Any illness or medical condition not Specified above	!	!	!
Have you ever lost time from work as a consequence of one of the above conditions	!	!	!
Are you currently on any medication, or Undergoing any treatment	!	!	!
Have you ever taken time off work due To an accident at work?	!	!	!
Have you ever been in receipt of state benefit as a consequence of an illness or injury arising from your work	!	!	!
Have you ever been awarded compensation for an Injury or illness arising from your work	!	!	!
Have you been vaccinated against T.B.	!	!	!
Have you ever had T.B or symptoms suggestive of T.B. Or any recent contact with a case of T.B.	!	!	!
Do you suffer from or have you ever suffered from any long term condition or illness.	!	!	!

DO YOU KNOW ANY PERSON/S ALREADY EMPLOYED BY US, PLEASE NAME

.....

* THIS OCCUPATION IS EXEMPT FROM THE PROVISIONS OF SECTIONS 4(2) OF THE OFFENDERS ACT, 1974 by order of the REHABILITATION OF OFFENDERS ACT 1974 (EXEMPTIONS ORDER 1975. Applicants are therefore not entitled to withhold information about convictions which for any other purpose are 'spent' under the provisions of the Act and ALL convictions and police cautions MUST BE DECLARED no matter how long ago or what the penalty was. FAILURE TO DO SO WILL BE REPORTED TO THE POLICE (the offence would be obtaining a pecuniary advantage by deception contrary to the theft act) AND MAY RESULT IN DISMISSAL AND ARREST

You MUST give details of ANY Criminal Convictions, Prosecutions Pending, or Police Cautions . Disclosure from the Criminal Records Bureau (CRB) will be requested in the event of your application being successful. A criminal record will not necessarily be a bar to obtaining a position. The CRB has produced a code of practice that we adhere to. A copy is available for your inspection.

Details (If None you Must state None)

NAMES AND ADDRESS' OF TWO PERSONS TO WHOM WE CAN APPLY TO FOR A REFERENCE
(One MUST be from your last employer)

1/..... 2/.....

.....

What is your relationship to the above referees

.....

ANY OTHER INFORMATION YOU MAY WISH TO GIVE

.....

I confirm the accuracy of the above information Date

NB: Under government regulations introduced in April 2002 we MUST have sight of your Birth Certificate, Marriage certificate, (if applicable) photographic identity, passport if available (or photo driving licence etc.). We must be provided with either your P45 or P46

Declaration of Physical and mental fitness

I declare that I am physically and mentally fit to undertake the duties I am to perform. I understand that, should I have any doubts whatsoever in this regard, I can approach my general practitioner who should advise me.

Signed Date

Print Name Job Title

I declare that the statements made above are true, that I am now in, and usually enjoy good physical and mental health. I understand that the non-disclosure or suppression of any relevant facts known by me may prejudice my application or, if appointed could lead to the termination of my employment.

I agree that a medical report may be obtained from my doctor or hospital specialist.

SIGNATURE:..... DATE.....

Declaration Required by the Commission for Social Care Inspection

I declare that I do not possess, nor have I ever possessed a criminal conviction, nor have I been subject to any conditional discharges, bindovers or cautions. I have not been placed on the POVA list.

Signed Date

NB in this job you will have substantial access to vulnerable people, and so can not regard any past criminal conviction as “spent”. You must declare all convictions both past and present.

HomeCare Services

Statement of Physical and mental fitness

Name.....

In addition to holding a physical and mental fitness declaration from the above named individual, they have completed a detailed health questionnaire at interview. Any concerns arising from this questionnaire have been discussed and satisfactory responses obtained.

Where further medical comment / consent is required this has been obtained.

The above evaluations would therefore suggest in my, unqualified, opinion that the above named person should be physically and mentally able to undertake the duties to be assigned to them.

Signed.....

Date.....