

APPLICATION FORM

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

SECTION 1 PERSONAL DETAILS

Position Applied For												
Title		Last Name:										
First Name (s)												
Date of Birth												
Address												
Postcode												
Nationality												
Passport NO												
Home Telephone Number												
Mobile Telephone Number												
Email Address												
National Insurance Number												
Are you eligible to work in the UK?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
Do you hold a full valid UK driving license?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
Driver's License Number												
If yes, do you have any points or convictions etc.?												

Training Record

Name of Training School	Certificate Obtained and Date

Please state current Salary Package including benefits & holidays:

SECTION 2 REHABILITATION OF OFFENDERS ACT

Have you ever been convicted of a criminal offense?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you any prosecutions pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, please give details / dates of offense(s) and sentence:

(This information will be disclosed by The Criminal Records Bureau check which will be required if successful. Please note a criminal record will not necessarily be a bar to employment)

SECTION 3 HEALTH

Number of days absent in the last 2 years	
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Please state number of times in the last 2 years	
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Are you registered disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please provide your disability number and details:

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SECTION 4 EDUCATION

Date From	Date To	Name of School	Examinations taken and Qualifications gained (Specify Grades)



SECTION 5 EMPLOYMENT RECORD

Please list chronologically, starting with current or last employer

Name and address of Employer	Date From	Date To	Job Title/Job Function/Responsibilities	Salary and Reason for leaving

Please continue on a separate page if required



SECTION 6 PERSONAL ATTRIBUTES

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SECTION 7 REFERENCES

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are.

Can we contact your current employer before an interview? Yes/No

REFERENCE 1

REFERENCE 2

Name				Name			
Their Position (Job Title)				Their Position (Job Title)			
Work Relationship				Work Relationship			
Organisation				Organisation			
Dates Employed	From	To		Dates Employed	From	To	
Address				Address			
Postcode				Postcode			
Telephone Number				Telephone Number			
Email				Email			

SECTION 8 DECLARATION

I confirm that the information provided in this application (and within my Curriculum Vitae if applicable) is both truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place any subsequent employment in jeopardy. I understand that any employment entered into is subject to documentary evidence of my right to work in the UK and satisfactory references. I expressly consent to personal data contained within this form being recorded for the purposes of assessing suitability for the post and may form the basis of any subsequent personnel file.

Signed	Date
<p style="text-align: center;">AJZ Care</p>	

AJ Zion Limited undertakes that it will treat any personal information that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998. After initial assessment, AJ Zion Limited may keep your details on file pending suitable opportunities that may arise in the future. Please tick if you do not wish us to hold your details.

SECTION 9 RECRUITMENT MONITORING FORM

Application for the Post of

This sheet will separate from your application from upon receipt and does not form part of the selection process. It will be retained by Human Resources purely for monitoring purposes.

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented please COMPLETE THIS SECTION OF THE APPLICATION FORM.

WHAT IS YOUR ETHNIC GROUP?

Choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background.

A. WHITE

- White UK
- Irish
- White non-UK
- Any other white background (please give details)

B. BLACK OR BLACK BRITISH

- Black Caribbean
- Black African
- Any other black background (please give details)

C. MIXED

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background (please give details)

D. CHINESE OR OTHER ETHNIC GROUP

- Chinese
- Vietnamese
- Any other ethnic background (please give details)

E. ASIAN OR ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (please give details)

F. I DO NOT WISH TO PROVIDE THIS INFORMATION

GENDER

Male

Female

DISABILITY

Disability is defined as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”.

Do you consider yourself disabled? Yes No

If yes, please give details:

AGE GROUP

16 – 25	<input type="checkbox"/>	26 – 35	<input type="checkbox"/>	36 – 45	<input type="checkbox"/>
46 – 55	<input type="checkbox"/>	56 – 65	<input type="checkbox"/>	66 – 70	<input type="checkbox"/>
Over 70	<input type="checkbox"/>				

MEDIA

Please state where you saw this post advertised

ASYLUM AND IMMIGRATION ACT 1996

It is now a requirement that before any offer of employment can be made, all candidates are to provide confirmation of their eligibility to work in the UK. Please bring one of the following original documents with you if invited to interview: a passport or an immigration and nationality directorate application registration card which evidence the right to work in the UK or a UK residence permit issued to an EEA national which confirms right of entry to or residence in the UK.

AVAILABILITY

Please read this before you complete the Availability Form: Standard working requirements are five days each week plus alternative weekends. It is not a requirement that Care Workers should work more than one period per day but you are free to commit to as many as you would like to. Hours are not guaranteed and shift periods are for illustration only. Payment is made for ‘contact time’ only.

Important: This availability will form the basis of any employment offer, and if you are accepted, forms a commitment on your part.

Availability Form	Weekdays <i>(tick if available)</i>	Weekends <i>(tick if available)</i>
7AM - 2PM		
7AM - 8PM		
2PM - 8PM		
8PM - 8AM		

- Total number of hours per week you are seeking

Please note that the amount of work is variable and that staff may not be working throughout the periods marked above as 'available'.

BANK DETAILS	
BANK NAME	
BANK ADDRESS	
ACCOUNT NAME	
SORT CODE	
ACCOUNT NUMBER	