**APPLICATION FOR EMPLOYMENT**

COMMUNITY CARE CHOICE Ltd

City Wall House

1st Floor, 32 Eastwood Avenue

Shawlands, Glasgow

G41 3NS

Tel: 0141 632 8198

Email: info@communitycarechoice.co.uk

**PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Title (Mr/Mrs/Ms/Miss) |  | Marital Status: |  |
| Name: |  | N.I. No: |  |
| Address: |  | Date of Birth: |  |
|  |  | Tel No Home: |  |
|  |  | Mobile: |  |
| Postcode: |  | Email: |  |
| Previous Name: |  |  |  |

Are you a UK or European Union National? YES/NO

If you are not, please attach the relevant documentation stating your eligibility for employment.

**EXPERIENCE, SKILLS AND TRAINING**

Do you have relevant experience or qualifications within the following areas:-

Home Care YES/NO

Personal Care YES/NO

Day Care YES/NO

Residential/Nursing Care YES/NO

Support Work YES/NO

Please state any skills you have, or courses you have attended relevant to the position applied for:

**[ ]** SVQ Level II in Care **[ ]** Moving and Assisting

**[ ]** SVQ Level III in Care **[ ]** First Aid

**[ ]** SVQ Level IV in Care

Other – please specify:

|  |
| --- |
|  |

Please give details of languages you speak:

|  |
| --- |
|  |

**EMPLOYMENT HISTORY**

Starting with the most recent employment, please complete your employment history below (continue on a separate sheet if required):

|  |  |  |  |
| --- | --- | --- | --- |
| **Name, Address & Tel No of Employer** | **Job Title** | **Title of Supervisor/Manager** | **Details of Duties/Responsibilities** |
|  |  |  |  |
| **Start Date** | **Leave Date** | **Rate of Pay** | **Reason for Leaving** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name, Address & Tel No of Employer** | **Job Title** | **Title of Supervisor/Manager** | **Details of Duties/Responsibilities** |
|  |  |  |  |
| **Start Date** | **Leave Date** | **Rate of Pay** | **Reason for Leaving** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name, Address & Tel No of Employer** | **Job Title** | **Title of Supervisor/Manager** | **Details of Duties/Responsibilities** |
|  |  |  |  |
| **Start Date** | **Leave Date** | **Rate of Pay** | **Reason for Leaving** |
|  |  |  |  |

Have you ever worked for Community Care Choice? YES/NO

Have you ever been dismissed, disciplined, or asked to resign by your employer? YES/NO

If YES, please give details:

|  |
| --- |
|  |

Are you related/associated with any employee of Community Care Choice? YES/NO

If YES, Please give details:

|  |
| --- |
|  |

The position you are applying for may require you to travel from one service user to another. What form of transport would you use?

**[ ]**  Motor Vehicle

**[ ]**  Walking

**[ ]**  Public Transport

Other – please specify:

|  |
| --- |
|  |

Do you hold a current Driving Licence? YES/NO

If YES, do you have any endorsements? YES/NO

If YES, please give details:

|  |
| --- |
|  |

**HEALTH DETAILS**

Are you in good Health: YES/NO

If NO, please state medical condition:

|  |
| --- |
|  |

Have you visited your doctors in the last 2 years? YES/NO

If YES, please give details:

|  |
| --- |
|  |

Are you receiving any medical treatments? YES/NO

If YES, please give details:

|  |
| --- |
|  |

Are you disabled? YES/NO

If YES, please give details and specify needs in relation to your disability:

|  |
| --- |
|  |

Please list any absence from work in the last 12 months and state reason for same:

|  |
| --- |
|  |

CCC is committed to a family friendly policy with regard to working hours. Please detail the hours, times and days that you would be available to work:

|  |
| --- |
|  |

**REFERENCES**

Please give details of three people whom we may contact for references (one of whom should be your current or most recent employer). The referees must not be related to you.

If you do not want your referees contacted unless we offer you a position, please tick the box. **[ ]**

|  |  |  |
| --- | --- | --- |
| **1.** | **Name:** |  |
|  | **Position:** |  |
|  | **Work/Relationship:** |  |
|  | **Organisation:** |  |
|  | **Address:** |  |
|  |  |  |
|  |  |  |
|  |  | Postcode: |  |
|  | **Telephone No:** |  |
|  | **Length of time known:** |  |

|  |  |  |
| --- | --- | --- |
| **2.** | **Name:** |  |
|  | **Position:** |  |
|  | **Work/Relationship:** |  |
|  | **Organisation:** |  |
|  | **Address:** |  |
|  |  |  |
|  |  |  |
|  |  | Postcode: |  |
|  | **Telephone No:** |  |
|  | **Length of time known:** |  |

|  |  |  |
| --- | --- | --- |
| **3.** | **Name:** |  |
|  | **Position:** |  |
|  | **Work/Relationship:** |  |
|  | **Organisation:** |  |
|  | **Address:** |  |
|  |  |  |
|  |  |  |
|  |  | Postcode: |  |
|  | **Telephone No:** |  |
|  | **Length of time known:** |  |

**CRIMINAL CONVICTIONS**

This post is excluded/exempted from provisions of the Rehabilitation of Offenders Act 1974 and therefore information on both spent and pending convictions should be provided.

Do you have any criminal convictions either pending or spent? YES/NO

If YES, please give details:

|  |
| --- |
|  |

**All offers of employment will be subject to an acceptable Enhanced Disclosure Scotland criminal record check. The cost for which will be met by applicant.**

DECLARATION

It is understood and agreed that any misrepresentation by me on this application form will give cause for cancellation of this application and/or termination from employer’s service.

All information provided in this application form will be held within the requirements of the Data Protection Act.

To conform with the requirements of the Data Protection Act I give the employer the right to investigate all of the references supplied in this application form and to secure additional information on me, if job related. I hereby release from liability the employer and its representative, information and all other persons, corporations or organisations for furnishing such.

**[ ]  I agree**

**[ ]  I disagree**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE – IF YOU DO NOT HEAR FROM US WITHIN 28 DAYS, PLEASE CONSIDER YOUR APPLICATION TO BE UNSUCCESSFUL.**

**Employee Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | **Marital Status** |  |
| **Surname** |  |
| **Forename** |  |
| **Date of birth** |  |
| **Address** |  |
| **Telephone number** |  |
| **Email** |  |
| **National Insurance number** |  |
| **Bank name** |  |
| **Sort code** |  |
| **Account number** |  |
| **Start date** |  |
| **Job title** |  |
| **ICE name** |  |
| **ICE telephone number** |  |

**Employee statement**

A - This is my first job since last 6 April and I have not been receiving

You need to

select only **one**

of the following

statements

**A B** or **C**

taxable Jobseeker's Allowance, Employment and Support Allowance,

taxable Incapacity Benefit, State or Occupational Pension.

B - This is now my only job but since last 6 April I have had another

job, or received taxable Jobseeker's Allowance, Employment and

Support Allowance or taxable Incapacity Benefit. I do not receive a

State or Occupational Pension.

C - As well as my new job, I have another job or receive a State or

Occupational Pension.

I have a Student Loan which is not fully repaid and I left a course Yes

of UK higher education before last 6 April and I received my first

Student Loan instalment on or after 1 September 1998.

Select 'No' if you are repaying your Student Loan direct to the No

Student Loans Company by agreed monthly payments.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_