

OFFICE USE: INTERVIEW: DATE:

VACANCY APPLICATION FORM

CONFIDENTIAL APPLICATION FOR EMPLOYMENT WITH ABSOLUTE CARE AND SUPPORT

PLEASE COMPLETE IN BLOCK CAPITALS

POSITION APPLIED FOR: WAGE/SALARY EXPECTED:

SURNAME: FIRST NAMES:

ADDRESS:

POSTCODE: NI No:

IS THIS YOUR PERMANENT ADDRESS? Yes No ARE YOU A U.K CITIZEN? Yes No

ARE YOU ELIGIBLE TO WORK IN THE U.K? Yes No

CONTACT DETAILS - PHONE MOBILE EMAIL

PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY

NAME: RELATIONSHIP:

TEL No: MOBILE No:

E-MAIL:

IS THE PERSON NAMED A RELATIVE OR FRIEND OF ANY EXISTING EMPLOYEES? IF YES, WHO? .

EDUCATION AND TRAINING

RESULTS OF EXAMINATIONS TAKEN AT SECONDARY SCHOOL:

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.....
.....

FURTHER EDUCATION (COLLEGE, EVENING CLASSES ETC AND QUALIFICATION):

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.....
.....

ANY NON-QUALIFICATION COURSES ATTENDED INCLUDING OPERATIVE TRAINING:

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.....
.....

EMPLOYMENT HISTORY:

DATES FROM TO	LAST OR PRESENT EMPLOYER	JOB TITLE AND DUTIES	REASON FOR LEAVING AND GROSS PAY DETAILS
	NAME ADDRESS TEL: CONTACT NAME		
	NAME ADDRESS TEL: CONTACT NAME		
	NAME ADDRESS TEL: CONTACT NAME		
	NAME ADDRESS TEL: CONTACT NAME		

AMOUNT OF NOTICE REQUIRED TO TERMINATE PRESENT EMPLOYMENT:

ALL ENGAGEMENTS ARE MADE ON THE BASIS OF UP TO A 3 MONTH PROBATIONARY PERIOD (OR AS SPECIFIED)

PERSONAL INFORMATION

HOBBIES AND OUTSIDE INTERESTS:

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.....

DO YOU HOLD A CURRENT DRIVING LICENCE? Yes No DO YOU HAVE ANY ENDORSEMENTS? Yes No
CAR OWNER? Yes No IF NO HOW WOULD YOU TRAVEL TO WORK?

HAVE YOU WORKED FOR US BEFORE? Yes No IF YES GIVE DETAILS INCLUDING REASON FOR LEAVING

.....
HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENCE? (WHICH IS NOT A SPENT CONVICTION WITHIN THE MEANING OF THE REHABILITATION OF OFFENDERS ACT 1974) Yes No

PLEASE GIVE DETAILS OF PRE-ARRANGED HOLIDAYS

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ARE YOU SUBJECT TO ANY POST TERMINATION RESTRAINTS OF TRADE CLAUSES? Yes No
IF YES, PLEASE PROVIDE FULL DETAILS

REFERENCES

MAY WE ASK A PREVIOUS EMPLOYER FOR A REFERENCE? : Yes No

CONTACT NAME: PHONE No

WE WILL NOT APPROACH YOUR PRESENT EMPLOYER WITHOUT YOUR PERMISSION.

MAY WE ASK YOUR PRESENT EMPLOYER? Yes No

CONTACT NAME: PHONE No

PERSONAL REFERENCES (Please do not include relatives)

NAME	PHONE NUMBER	BEST TIME TO CALL	RELATIONSHIP TO YOU	No OF YEARS KNOWN

PROFESSIONAL REFERENCES

NAME	PHONE NUMBER	BEST TIME TO CALL	POSITION	No OF YEARS KNOWN

I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I understand that any offer of employment will be subject to the receipt of an enhanced criminal record bureau disclosure and six satisfactory references.

Name (Please print)

Signature: Date:

Please post or fax your application to;
ABSOLUTE CARE & SUPPORT (UK) LTD
Office 6, Holly House, Hyde Road, Woodley, Stockport, Cheshire. SK6 1NB
T:0161 430 4676 F:0161 494 5917