

# APPLICATION FORM

## Office Use Only

Staff/Location \_\_\_\_\_

Closing Date: \_\_\_\_\_

Vacancy ref: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Based at: \_\_\_\_\_

Where did you hear about this vacancy? \_\_\_\_\_

## 1. Personal Details

Last Name:		First Name:		Mr/Miss/ Mrs/Ms	Date
Street Address:				Home Tel:	
City		County:		Post code:	
Mobile Phone:			E-mail Address		
Date Available:		Nat Insurance No.		Female <input type="checkbox"/>	Male <input type="checkbox"/>
DOB:	Driving Licence No:		Are there any dates you would be unavailable for interview?		
Are you a British Citizen?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If No, please state other	
Are you eligible to work in the UK?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please provide your documents at time of interview	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a crime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

## 2. EDUCATION

High School:					
From:.....	To: .....	GCSE	YES <input type="checkbox"/>	NO <input type="checkbox"/>	OTHER <input type="checkbox"/>

## 3. FURTHER EDUCATION

Main Qualifications (Education institutions may be contacted for a reference)

Dates	College/University	Qualifications Obtained	Grade
From: ..... To:.....			
From: ..... To:.....			

Relevant training and non-qualification courses attended:

DATE	COURSE	DURATION

Please continue on a separate sheet if necessary. Certificates will be requested at interview stage

Please give details of Professional Registration:

Nurses give Pin Number \_\_\_\_\_

Details of any Professional Membership (not listed above) \_\_\_\_\_

Date: \_\_\_\_\_ Body: \_\_\_\_\_ Status: \_\_\_\_\_

Have you ever had a Criminal Records Check with the DBS? If yes, please give details:

\_\_\_\_\_

Disclosure Number:

Date Received:

**4. EMPLOYMENT HISTORY** (Please continue on a separate sheet or attach a CV if necessary. We reserve the right to contact all previous employers should circumstances require).

Please give details of all previous employment, starting with the most recent. Please provide an explanation for ALL gaps in employment history since leaving education:

DATES:		Employer Name & Full Address	POSITION & DUTIES	REASON FOR LEAVING
FROM	To:			
MM/YYYY	MM/YYYY			
MM/YYYY	MM/YYYY			
MM/YYYY	MM/YYYY			

## 5. APPLICATION

Please details of relevant experience, personal qualities and any other information in support of your application you may find it useful.

## 6. INTERESTS OR HOBBIES (which may be relevant)

## 7. DRIVERS DETAILS

Are you a car owner? \_\_\_\_\_ Do you hold a current drivers licence? \_\_\_\_\_

Please give details of any endorsements etc: (if any) \_\_\_\_\_

## 8. REFERENCES

*Please list two references from your previous employer/ or nominate 2 personal referees (not family members) who have known you for at least 3 years.*

Mr/Miss/ Mrs/Ms _____	LAST NAME:	FIRST NAME:
Full Address		Tel Phone/ Mob No:
How do you know this person?		
When should we contact this person (preferably)?	<input type="checkbox"/> (Morning) <input type="checkbox"/> (Mid-day ) <input type="checkbox"/> Late Afternoon <input type="checkbox"/> (Anytime)	

Mr/Miss/ Mrs/Ms _____	LAST NAME:	FIRST NAME:
Full Address	Tel Phone/	:
	Mob: No:	
How do you know this person?		
When should we contact this person (preferably)?	<input type="checkbox"/> (Morning)	<input type="checkbox"/> (Mid-day ) <input type="checkbox"/> Late Afternoon <input type="checkbox"/> (Anytime)

9. EMERGENCY CONTACT DETAILS	
Name	Relationship
Address	Post Code
Tel No:	Mob: No:

10. BANK DETAILS	
Name of Bank	
Address	
Account Name	Branch
Sort Code	Account No.

11. DISCLAIMER AND SIGNATURE
<p>You are applying for a position that will require contact with children and vulnerable adults, therefore we carry out criminal background checks before appointment and on a regular basis thereafter. (See <a href="http://www.gov.uk/db">www.gov.uk/db</a> for more details). I declare all the details given here to be true and accurate. I accept that any omission or false statement may result in my dismissal.</p> <p>I authorise the Company to approach any Government Agencies, Former Employers or Personal Referees named to verify the information given and I authorize such agencies or individuals to provide the information requested.</p> <p>I acknowledge that an employment offer made by the Company is subject to the receipt of references, criminal records checks and medical clearance satisfactory to the Company.</p> <p>Signature _____ Date: _____</p>

*Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies.  
Please return this Application Form with the completed Equal Opportunities Monitoring Document.  
Thank you for your time and interest in Letuscare Personnel Ltd.*

# EQUAL OPPORTUNITIES MONITORING DOCUMENT

## Office Use Only

Staff/Location \_\_\_\_\_

Closing Date: \_\_\_\_\_

Vacancy ref: \_\_\_\_\_

LETUSCARE PERSONNEL LTD is committed to equality of opportunity and the elimination of unlawful discrimination in employment. It is in this Company's policy to treat job applicants and employees in the same way regardless of their sex, marital status, sexual orientation, age, race, ethnic origin, religious belief or disability. This policy applies to the advertisement of jobs, recruitment and selection decisions, training, the provision of work and pay and every other aspect associated with employment.

To ensure that this policy is fully implemented and monitored would you please complete the questions below and return this document with your application form.

Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

What is your ethnic group? (choose one section from (a) to (e) then tick the appropriate box to indicate your cultural background.

<p><b>(a) White</b></p> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background (Please specify) _____	<p><b>(b) Mixed</b></p> <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background (Please specify) _____
<p><b>(b) Asian or Asian British</b></p> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistan <input type="checkbox"/> Bangladesh <input type="checkbox"/> Any other Asian background (Please specify) _____	<p><b>(d) Black or Black British</b></p> <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background (Please specify) _____
<p><b>(e) Chinese or Other Ethnic Group</b></p> <input type="checkbox"/> Chinese (Please specify) _____	<p><b>What is your sex?</b></p> <input type="checkbox"/> Male <input type="checkbox"/> Female
<p><b>Do you suffer from a recognised disability (Please tick the appropriate box)</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify _____	