



JOB APPLICATION FORM

The information you provide us with will be used for the purposes of considering your application and suitability for the job and will be processed in accordance with the Data Protection Act 1998.

TITLE: MR/MRS/MISS/MS DATE OF BIRTH:.....

SURNAME:..... FIRST NAMES:.....

ADDRESS:.....

.....

POST CODE..... E-MAIL ADDRESS.....

TEL NO: MOBILE.....

POSITION APPLIED FOR: -

DRIVING LICENCE FULL PROVISIONAL NONE

CAR OWNER YES NO

CURRENT OCCUPATION

POSITION	NAME OF EMPLOYER	DATE STARTED	BRIEF DESCRIPTION OF JOB

PREVIOUS EMPLOYMENT (STARTING WITH THE MOST RECENT. PLEASE ACCOUNT FOR ANY BREAKS IN EMPLOYMENT)

POSITION HELD	NAME OF EMPLOYER	DATE STARTED	DATE LEFT	RESPONSIBILITIES	REASON FOR LEAVING

QUALIFICATIONS

Please list any qualifications you have gained (e.g. NVQ'S, GCSE's, A-Levels, Degree, any other professional qualifications)

NAME OF QUALIFICATION	SUBJECTS	RESULT/ GRADE	NAME OF SCHOOL/ COLLEGE/UNIVERSITY	DATE AWARDED

Please continue on a separate sheet of paper if necessary

OTHER TRAINING

Please list any other training you have undertaken which is relevant to the post you are applying for.

NAME OF COURSE	QUALIFICATION GAINED	DATES ATTENDED

ADMINISTRATION DETAILS

National Insurance No.:-.....

Have you a disability you would like us to know about

YES

NO

If YES please give details: -

Are you related to any employee of Elite

YES

NO

If YES please give details: -

Please indicate the maximum number of hours you would be available to work per week

Do you require a work permit to work in the UK?

YES

NO

When would you be available to start work: -

OTHER EMPLOYMENT

If offered this position do you intend to work in another capacity

YES

NO

If YES, what are your plans or commitments?

.....

REFERENCES:

All offers of employment are subject to satisfactory references. This post involves working with vulnerable adults and due to the nature of the work employment will not commence until two satisfactory references have been received.

Please give details of two referees, one of whom should be your current or most recent employer, the other from previous employers or from educational establishments you have attended.

REFEREE (1) Employer/Other

REFEREE (2) Employer/Other

TITLE MR/MRS/MISS/MS

TITLE MR/MRS/MISS/MS

NAME.....

NAME.....

ADDRESS.....

ADDRESS.....

.....

.....

.....

.....

POST CODE.....

POST CODE.....

TELEPHONE NO.....

TELEPHONE NO.....

May we contact this referee without further authority from you?

May we contact this referee without further authority from you?

YES NO

YES NO

.....

DECLARATION

I confirm that the information I have given on this form is correct and complete. I understand that any misleading statements may be sufficient reason for cancelling any agreement made. If successful in my application I understand that I will have to sign a Confidentiality Agreement.

Because the post involves working with vulnerable adults I understand that if short listed, I will be asked to complete a Declaration of Criminal Record which must include details of any criminal convictions, cautions, reprimands, final warning and any other information that may have a bearing on my suitability for the post.

I understand that an Enhanced CRB Disclosure will be sought in the event of a successful application

SIGNED..... DATED.....

Please return forms to: Mrs. A. Beckett, Elite Care Agency, Gobles Court,7 Market Square,Bicester OX26 6AA