Blackbrook House Residential Care Home

[31 Blackbrook House Drive, Fareham PO14 1NX](https://www.bing.com/local?lid=YN1029x8326527513506561998&id=YN1029x8326527513506561998&q=Blackbrook+House&name=Blackbrook+House&cp=50.853187561035156%7e-1.2017956972122192&ppois=50.853187561035156_-1.2017956972122192_Blackbrook+House)

**Employment Application Form**

|  |  |
| --- | --- |
| Title of post |  |
| Preferred number of hours/ shifts |  |
| How did you hear of the vacancy? |  |

**PERSONAL DETAILS:** (if invited for an interview I.D. will be required)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname | Title: Dr /Mr /Mrs /Miss /Ms | | | |
| Previous Surname |  | Forenames (in full) |  | |
| Marital Status |  | Date of Birth |  | |
| Home address | Post Code | | | |
| Telephone |  | Mobile |  | |
| Email address |  | | | |
| N.I. Number |  | | | |
| No. of children under 16 |  | Children’s ages | |  |
| Do you hold a current UK driving licence? | Yes/No | Do you have use of a car? | | Yes/No |
| Nationality |  | Work permit number (if applicable) | |  |

**NEXT OF KIN**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname | Title Dr /Mr /Mrs /Miss /Ms | | |
| Forenames |  | Relationship |  |
| Home address | Post Code | | |
| Telephone |  | Mobile |  |

|  |  |
| --- | --- |
| Have you been resident outside the UK ? | YES/NO |

|  |  |  |
| --- | --- | --- |
| Please enter the languages you speak, indicating fluency with a tick | | |
| Language | Spoken | Written |
| English | Good / Fair / Little | Good/ Fair /Little |
|  | Good / Fair / Little | Good / Fair / Little |
|  | Good / Fair / Little | Good / Fair / Little |

|  |  |
| --- | --- |
| Do you have any physical or mental disabilities which may be relevant to this application? | YES/NO |
| Overall State of Health | Excellent/ Good/ Poor |
| Do you wear? | Spectacles / Contact Lenses / Hearing aid |
| Do you smoke? | YES/NO |
| Would you be willing to have a medical if required? | YES/NO |

**EDUCATION** (including further education)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of school or Institution | Year Completed | Details of courses taken | Qualifications gained |
|  |  |  |  |

**PERSONAL QUALIFICATIONS**

Please list below any courses/studies undertaken during the last five years which may be relevant to the post applied for

|  |  |  |
| --- | --- | --- |
| Title of Course | Date / Year | Brief description of Course |
|  |  |  |

PERSONAL STATEMENT

|  |
| --- |
| Please detail here why you would be suitable for this position and what experience you have for this role  Please use a separate sheet if needed |

**EMPLOYMENT HISTORY** - **Full** Employment History (most recent first –please account for **any gaps** in employment)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer | From  Month and year | To  Month and year | Position held and main duties | | Reason for leaving |
|  |  |  |  | |  |
| Have you ever had a verbal or written warning from any employer? | | | | YES /NO | |
| Have you ever been dismissed from any employer? | | | | YES /NO | |

**REFEREES**

Please give the names of two recent professional referees (not relatives) stating their position.

One referee must be your last employer if you have worked in the past five years.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | Position held |  |
| Relationship |  | | | How long have they known you |  |
| Name and address of Company | | | Post code | | |
| Email address | | |  | | |
| Telephone number | |  | | Fax number |  |
| Start date of your employment | |  | | Leaving date of your employment |  |

|  |  |  |  |  |  |
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| Email address | | |  | | |
| Telephone number | |  | | Fax number |  |
| Start date of your employment | |  | | Leaving date of your employment |  |

The European Union has laid down guidelines for all workers, governing the length of the maximum working week which is safe to work. The current limit is 48 hours per week. Because you are under no obligation to accept work offered you will never be compelled to work more than 48 hours per week but you may choose to do so.

If you understand please sign the relevant line

|  |  |
| --- | --- |
|  | **Signature** |
| I DO NOT wish to work more than 48 hours per week |  |
| I DO wish to work more than 48 hours per week |  |

COMPLETION

Rehabilitation of Offenders Act 1974

By virtue of Rehabilitations of Offenders Act 1974 (Exemptions) (Amendments) Order 1986, the provisions of section 4.2 of the Rehabilitations of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind to enable the holder to have access to persons in receipt of such services in the course of their normal duties.

Your answer to the following question should include any “spent” convictions.

|  |  |
| --- | --- |
| Have you ever been convicted of a criminal offence? | YES/NO |
| **Signature** |  |

|  |
| --- |
| If you have answered “yes” please attach details, including dates. |
|  |

**DECLARATION**

I declare that I have answered the above questions honestly and fully. I am not aware of any physical or mental disability which will, or may, affect my working capacity. I realise that any false or incomplete statement on my part will render me liable to disciplinary action or dismissal.

I understand that before I undertake an additional employment with any other employer that I must firstly obtain written authorisation from the manager of this care home. Failure to do so will render me liable to disciplinary action or dismissal.

I also understand that my details will be submitted for a DBS check and if unsatisfactory I will face dismissal.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | Dated |  |

|  |
| --- |
| Please details you interest and hobbies: |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Equal Opportunities (voluntary information)  The organisation seeks to recruit employees on the basis of their general suitability for a position and aims to ensure that consideration of age, sex, marital status, sexual orientation, disability and racial or ethnic origin should play no, part in this process.  In order to monitor the effectiveness of this commitment to equal opportunities it would be helpful if you could complete this section of the form. Completion is not compulsory but should you give details below the information will be used for no other purpose other than stated in this paragraph.  **Marital status**:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Single |  | Married |  | Separated |  | | Widowed |  | Divorced |  | Civil partnership |  |   **Sex:**   |  |  |  |  | | --- | --- | --- | --- | | Male |  | Female |  |   **Ethnic Origin:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | British |  | White other |  | White European |  | | Black African |  | Asian |  | Other |  |   **Disabilities** (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Registered Disabled Number (where relevant)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |