STRICTLY CONFIDENTIAL

Day Service Support Worker

Employment Application Form

I confirm that the information I provide on this form is true and correct and can be treated as part of any future contract of employment. I understand that if I wilfully provide incomplete or inaccurate information you may withdraw any offer of employment made or, if already employed I could be liable to dismissal.

Signed:	Name:	Date:

Applicant Information

Position Applied for:				***Care Assistant***		***Support worker***		
Title:	***Miss.***	***Mr.***	***Mrs.***	***Ms.***	***Dr.***	***Sir.***	***Prof.***	***Madam.***
Forename:				***Last Name:***				
				Previous Name:				
DOB:				***Email Address:***				
Home No:				***Mobile No:***				
NI Number:				***Nationality:***				
Current Address:				***Street***				
Town				***County***				
Post Code				***Next of Kin Name:***				
Next of Kin Contact Details:				***Next of Kin Relationship:***				

****What days are you available to work? (Please tick as appropriate)***

	Mon	***Tues***	***Wed***	***Thurs***	***Fri***

Do you have a Full Driving License?	***YES / NO***

Email: **capaandayservice@gmail.com**

• *If 'Yes' do you have access to a car?*	*YES / NO*
Are you eligible to work in the UK?	*YES / NO*
Do you need a Visa/Work Permit to work in the UK?	*YES / NO*
• *If 'Yes' when does your Visa/Permit expire?*	
How did you hear about this post?	
Have you ever applied to/worked for Capaan Day Service Ltd before?	*YES / NO*
• *If 'Yes' Please give details (including Dates)*	

Employment History

Below, please describe past and present employment positions, dating back till when you left school. Please account for all periods of unemployment.

If you attached a CV/Resume, this section must still be completed.

Name of Present Employer:	
Address of Employer: ***Post Code:***	
Telephone Number:	***Email Address:***
Length of Employment:	
From:	***To:***
Current Job Title:	
Brief Description of Duties:	
Reason for Leaving:	

****Name of Previous Employer:***	
Address of Employer: ***Post Code:***	
Telephone Number:	***Email Address:***

Length of Employment:	
From:	***To:***

Email: **capaandayservice@gmail.com**

Previous Job Title:
Brief Description of Duties:
Reason for Leaving:

Previous Employment Time line (Please use a separate sheet if needed)

Academic Qualifications (GCSE/O Level, A Level, GCSE, Degree, etc.)

Date Passed	***Organisation/School***	***Subject/Unit/Title/Grade***

Do you feel you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working for us?	***Yes / No***
If yes, please explain:	

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REFERENCE REQUEST

Please give the names of two people whom you have knowledge of your Professional or Characteristic performance. Please make sure the writing is clear to read and use capital letters expect for emails.

Professional Ref:	**Character Ref:**
Name Of Referee:	
Contact Address:	
Post Code:	
Contact Number:	
Email:	
Start Date: **End Date:**	
Your Job Title:	

Professional Ref:	**Character Ref:**
Name Of Referee:	
Contact Address:	
Post Code:	
Contact Number:	
Email:	
Start Date: **End Date:**	
Your Job Title:	

Supporting Statement

Please use this section to tell us how your knowledge, skills and experiences meet the requirements of the job set out in the Job Profile and Person Specification.

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Equal Opportunities Recruitment Monitoring

Capaan Day service is an Equal Opportunities Employer and as such we wish to demonstrate our commitment to equality. To do so, we need to monitor the applicant's sex, age, martial/family status, religion, disability, colour and ethnic origin.

The information which you give on the form will be treated in the strictest confidence and will not be used for any purpose other than monitoring.

Surname:		***First Name:***	
Date of Birth:		***Age:***	

Gender:		***Male***	***Female***
Religion:			
Marital Status:			
Ethnic Origin			
Disability:	***Yes / No***	*Please give details:*	
Sexual Orientation:			

Name: ……

Position Applied for: Day Servive Officer

……..

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If the answer is yes to any of the questions on this form, please give full details in the space provided of the dates, duration and the outcome of the illness or condition. If we have any concerns about your fitness for work employment will be subject to satisfactory medical experts.		
Have you ever had:		***Additional information to "Yes" Response***
Tuberculosis, asthma, bronchitis or chest problems?	***YES / NO***	
Chest pain, heart condition or raised blood pressure?	***YES / NO***	
Blackouts, fits or attacks of giddiness?	***YES / NO***	
Depression, mental illness or nervous breakdown?	***YES / NO***	
Rheumatism or arthritis?	***YES / NO***	
Back trouble?	***YES / NO***	
Typhoid, paratyphoid or other gland trouble?	***YES / NO***	
Digestive or bowel disease?	***YES / NO***	
Diabetes, thyroid or other gland trouble?	***YES / NO***	
Bladder or kidney trouble?	***YES / NO***	
Dermatitis or skin trouble?	***YES / NO***	
Varicose veins?	***YES / NO***	
Any other accident, operation or illness?	***YES / NO***	
Have you any reason to believe you may be infected with any communicable disease?	***YES / NO***	
Any other current or recent medical condition or treatment which might affect you attendance or performance at work?	***YES / NO***	
Do you intend to work nights on a regular basis?	***YES / NO***	
Any illness or medical condition that prevented you from attending work on you normal duties or activities for more than one week during the past year?	***YES / NO***	
Any physical impairments, including defect of sight or hearing? If yes, please specify and special needs in relation to your disability.	***YES / NO***	

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Do you smoke?	***YES / NO***	
How many units of alcohol do you drink per week? (one unit = ½ pint beer =1 glass of wine = 1 single whisky)	***YES / NO***	

Carer Name	*Signature*	*Date*

******Please attach your C.V. here*****

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