

## EMPLOYMENT APPLICATION

**Position Being Applied For:**

### PERSONAL PARTICULARS

Last Name/Family Name

First Name/Given Name

Middle Initial

Prefix

Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Sir ☐ Lord ☐

Home Address

Home Tel. No.

Mobile Tel. No.

Correspondence Address (if different from above)

Fax No.

Email Address

Please state your National Insurance Number (NI)

If you are not from outside the European Economic Area, do you need a work permit for this post

Yes / No

### HIGHEST EDUCATION ATTAINED

From-To	School/University	Course/Major	Qualification

### PROFESSIONAL QUALIFICATION

From - To	School/University	Course / Major	Qualification

### COURSES CURRENTLY PURSUING

Expected Date of Completion	School / University	Course

## EMPLOYMENT HISTORY

List your present or most recent employer first. If you held significantly different positions with the same employer, list them separately. Explain any gaps in employment in comments section below. Your employment history must go back for at least 5 years. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Dates Employed		Employer Name		Starting Salary
FROM	TO			
		Employer Address	Employer Tel. No.	
				Ending Salary
Job Title			Reason for Leaving	
Summarize the nature of the work performed and job responsibilities				

Dates Employed		Employer Name		Starting Salary
FROM	TO			
		Employer Address	Employer Tel. No.	Ending Salary
Job Title			Reason for Leaving	
Summarize the nature of the work performed and job responsibilities				

Dates Employed		Employer Name		Starting Salary
FROM	TO			
		Employer Address	Employer Tel. No.	Ending Salary
Job Title			Reason for Leaving	
Summarize the nature of the work performed and job responsibilities				

Dates Employed		Employer Name		Starting Salary
FROM	TO			
		Employer Address	Employer Tel. No.	Ending Salary
Job Title			Reason for Leaving	
Summarize the nature of the work performed and job responsibilities				

Dates Employed		Employer Name		Starting Salary
FROM	TO			
		Employer Address	Employer Tel. No.	Ending Salary
Job Title			Reason for Leaving	
Summarize the nature of the work performed and job responsibilities				

Comments (including explanations of any gaps in employment)

---



---



---



---

PROFICIENCY IN LANGUAGES									
Native Languages									
Other Languages	Speak			Read			Write		
	High	Moderate	Low	High	Moderate	Low	High	Moderate	Low
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROFICIENCY IN NUMERACY									
Basic Numeracy									
	Counting			Read/Writing			Basic calculations		
	High	Moderate	Low	High	Moderate	Low	High	Moderate	Low
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRIVING	
Do you hold a current full UK Driving License or equivalent?	Yes / No
Details of any endorsements?	
Do you have a car?	Yes / No

Skills	
Nursing	
Others	

## REFERENCES

Please give below the names, addresses and contact details (incl. phone and fax numbers) of two persons not related to you whom references may be sought, **at least one whom should be your recent employer.**

Name	Company name & Address	Position	Telephone/Fax No.	Years Known



## OTHER INFORMATION

Earliest Date Available if Appointed

Are you subject to any restrictions or covenants from your previous employer which may restrict your working activities? If yes, Please give details ☐ Yes ☐ No

Are you willing to work overtime and weekends, if required? If yes, Please give details of hours which won't suit you.

Have you had any criminal convictions (including spent convictions under the rehabilitation of offenders Act 1974)? If yes, Please give details. ☐ Yes ☐ No

You may be required as part of your employment to complete a post-employment Medical Questionnaire. Are you prepared to undergo a medical examination when employed? ☐ Yes ☐ No

Have you applied for employment with this company before? ☐ Yes ☐ No

Are you related to any employee working at this company? ☐ Yes ☐ No

## DECLARATION

Yes No

☐ ☐ Do you have any physical impairment or health problem so that reasonable adjustments be made to help you carry out your role?

☐ ☐ Have you ever been convicted in a court of law in any country? If yes, what were the circumstances?

☐ ☐ Have you been dismissed or suspended from the service of any employer?

☐ ☐ Are you bound by any bond to serve the government, or any organisation?

If yes to any of the above, please give details here

Have you ever interviewed with the Company or its affiliates before? ☐ Yes ☐ No

If yes, list job title & location applied for

Have you ever been employed by the Company or its affiliates before? ☐ Yes ☐ No

If yes, list date(s), job title(s) & location(s)

Do you have any relatives employed by the Company or its affiliates? ☐ Yes ☐ No

If yes, list name, relationship, job title and location

## DISCLOSURE

Dat Healthcare Ltd are required by regulations to carry out a Barred List check and Enhanced DBS through the Disclosure and Barring Service (DBS Check)

Please select one of the following options	YES	NO
<b>a)</b> I have submitted a copy of my DBS Check to Amber Home Carers which is no more than <b>12 months</b> old whilst my new DBS Check is being processed/updated. I enclose my completed DBS Application Form.		
<b>b)</b> I do not hold a current DBS Check; please send me an activation email to enable me to complete an online Application. I understand that I will be required to produce original documentation to complete this process <b>(Please ensure you complete section 3 of the Application Form if you tick this option)</b>		

Please confirm:	YES
A DBS Check is required under legislation, it is personal to you and applicants are required to pay for the DBS check. You will be prompted, via email, to make payment once your Application has been verified. Prompt payment will avoid any delays to your start date or cancellation and/delay of your appointment.	
I consent to Amber Home Carers passing a DBS check relating to me onto interested third parties for work finding purposes (e.g. service users or governing bodies)	
Please note that the DBS Update Service lets applicants keep their DBS certificates up to date. You can register online as soon as you have your application form reference number or you can wait and register within 19 days of your certificate being issued. We recommend that you use the update service and register as soon as possible. Registration lasts for 1 year and costs £13 per year (payable by debit or credit card only). For more information and to register see <a href="http://www.gov.uk/dbs-update-service">www.gov.uk/dbs-update-service</a>	

## CERTIFICATION & AUTHORIZATION

I certify that all entries are true and correct. I understand that all information on this application is subject to verification.  
I agree and understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading, regardless of time of discovery.

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

I hereby acknowledge that I have read and agree to the above statements

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

FOR OFFICIAL USE ONLY				
Date of Commence	Designation	Department	Grade	Starting Pay
Interviewed By		Recruitment Sources:		
Date		Source Name:		

**FOR OFFICE USE ONLY:**

To the best of my knowledge, based on the information given throughout this pre-employment questionnaire, the applicant, (.....) is both mentally and physically fit for the post applied for.

Manager signature \_\_\_\_\_

Date \_\_\_\_\_

## NEXT OF KIN DETAILS

We kindly ask you to fill in the below information as soon as possible:

**Applicant's Name** \_\_\_\_\_

**Next of Kin's Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone**  
Mobile \_\_\_\_\_  
Landline \_\_\_\_\_

We thank you in advance.

Best Regards,

Support Manager