

APPLICATION FOR EMPLOYMENT FORM

Job applied for: Job ref:

Closing date:

Please return form to:

We are committed to promoting the equality of opportunity and welcome applications from anyone who feels that they are able to carry out the duties, regardless of any previous experience.

Please tell us about yourself

Surname:

First name:

Other names:

Home address:

.....

..... Postcode:

Home tel. no: Work tel. no:

May we ring you at work? YES / NO

Are you related to any present or former employees of the Agency? YES / NO

How did you find out about this vacancy?

Please give us the details of two people who will provide us with a reference. One should normally be your current employer. If this is not the case, please tell us why not. We will not contact your employer before an interview, but we will contact them before appointment.

Name:	Name:
Position:	Position:
Agency:	Agency:
Address:	Address:
.....
.....
Postcode:	Postcode:
Tel. no. work:	Tel. no. work:
Tel. no. other:	Tel. no. other:
Is this your current employer? YES / NO	Is this your current employer? YES / NO

Email: info@edencareplus.co.uk

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September 22

Updated:Reasons for update:

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Are they related to you?	YES / NO	Are they related to you?	YES / NO
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Please tell us about your education and training

Please tell us about your education. List any qualifications gained. Any further education.

School / College	From	To	Qualifications – include dates and grades

If you have undertaken any training or voluntary work to improve your employment prospects, please give details below:

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Please tell us about jobs you have had

We need a total history of your employment. Start with your present, or most recent job first. If there are gaps in employment please tell us why e.g. unemployment, bringing up family etc.

Employer	Job title and description of duties	Salary / wages	From	To	Reason for leaving
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No approach will be made to your present employer before an offer of employment is made to you.

Do you need a work permit to work in the UK YES / NO

When can you start work with us?

Further information

Email: info@edencareplus.co.uk

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Please use this space to tell us about any other information that you feel will help your application, including any other skills you may have. Please feel free to continue on a separate sheet of paper if required.

Do you consider yourself to have a disability YES / NO

Please tell us if there are any reasonable adjustments we can make to assist you in your application or with our recruitment process.

Please tell us if there are any dates when you will not be available for interview

I can confirm that to the best of my knowledge the above information is correct. I accept that providing deliberately false information could result in my dismissal.

Signature: Date:

Email: info@edencareplus.co.uk

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EQUAL OPPORTUNITY MONITORING FORM

1.0 INFORMATION

1.1 The information supplied on this form will be used in total confidence and in accordance with current Data Protection Legislation. It will help to ensure that the service properly monitors and conforms with its policies relating to the equality of opportunity.

1.2 Information will be used for monitoring and for no other purpose.

2.0 AIM

2.1 Our committed aim is to allow our support staff to develop their skills and realise their maximum potential as individuals without any wish on the part of the service to limit their opportunities.

Gender Male Female Prefer not to say

Are you married or in a civil partnership? Yes No Prefer not to say

Age 16-24 25-29 30-34 35-39 40-44 45-49
50-54 55-59 60-64 65+ Prefer not to say

3.0 WHAT IS YOUR ETHNICITY?

3.1 Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box:

White

English Welsh Scottish Northern Irish Irish British Gypsy or Irish Traveller Prefer not to say

Any other white background, please write in:

Mixed/multiple ethnic groups

White and Black White and Black White Caribbean
African Asian Prefer not to say

Any other mixed background, please write in:

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say

Any other Asian background, please write in:

Black/African/Caribbean/Black British

African Caribbean Prefer not to say

Any other Black/African/Caribbean background, please write in:

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Other ethnic group

Arab Prefer not to say Any other ethnic group, please write in:
.....

Do you consider yourself to have a disability or health condition?

Yes No Prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in:
.....

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

What is your sexual orientation?

Heterosexual Gay woman/lesbian Gay man Bisexual
Prefer not to say If other, please write in:
.....

What is your religion or belief?

No religion or belief Buddhist Christian Hindu Jewish
Muslim Sikh Prefer not to say

If other religion or belief, please write in:
.....

What is your current working pattern?

Full-time Part-time Prefer not to say

What is your flexible working arrangement?

None Flexi-time Staggered hours Term-time hours
Annualised hours Job-share Flexible shifts Compressed hours
Homeworking Prefer not to say If other, please write in:
.....

Do you have caring responsibilities? If yes, please tick all that apply

None Primary carer of a child/children (under 18)
Primary carer of disabled child/children
Primary carer of disabled adult (18 and over) Primary carer of older person
Secondary carer (another person carries out the main caring role)
Prefer not to say