

**EMPLOYMENT APPLICATION FORM**

**Calvem Care LTD**  
 A CQC 3★ EXCELLENT PROVIDER

**POSITION APPLIED FOR:** Care Worker

The following information will be treated in the strictest confidence.

**PERSONAL**

(Please complete this section in BLOCK CAPITALS)

Surname:		First Name(s):	
Address:			
			Postcode:
Contact Tel. No:		Mobile Telephone No:	
Full Driving Licence:	YES/NO	Endorsements:	*YES/NO
* If YES, please give further details including dates.			
Are you involved in any activity which might limit your availability to work or your working hours e.g. local government?			YES/NO
If YES, please give full details.			
Are you subject to any restrictions or covenants which might restrict your working activities?			YES/NO
If YES, please give full details			
Are you willing to work overtime and weekends if required?			YES/NO
Please give details of any hours which you would not wish to work:			
It is a criminal offence for barred individuals to apply to work with children or vulnerable adults in a regulated activity. Are you on a barred list?			YES/NO
Have you any convictions, including both spent and unspent convictions under the Rehabilitation of Offenders Act 1974? (A copy of the Company's Equal Opportunities Policy and Disclosure and Disclosure Information Policy is available on request. These reflect the CRB/Disclosure Scotland Codes of Practice)			YES/NO
If YES, please give full details			
You may be required, if offered employment, as part of your Application to complete a Medical Questionnaire. Are you prepared to undergo a medical examination prior to employment?			YES/NO
Have you ever worked for this Company before?			YES/NO
If YES, please give full details			
Have you applied for employment with this Company before?			YES/NO
Do you need a work permit to take up employment in the UK?			YES/NO
How much notice are you required to give to your current employer?			

## EDUCATION

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

Please give details of membership of any technical or professional associations:


Please list any languages spoken and the level of competence:


## EMPLOYMENT DETAILS

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

**PRESENT OR LAST EMPLOYER**

Are you currently employed?                      YES/NO

Name of present or last employer:	
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Address:	

Telephone No:	
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Nature of business:	
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Job title and a brief description of your duties:	

Length of Service:	From:	To:
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**INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES** (e.g. hobbies, sports, club memberships)


**SUPPLEMENTARY INFORMATION**

Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths.


**WHY US**

Why do you want to work for Calvern Care?


**DECLARATION**

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of ongoing personnel administration and payroll administration in compliance with the Data Protection Act 1998. I undertake to notify the Company immediately of any changes to the above details.

Given the nature of the job for which I have applied, I understand that any offer of employment will be subject to information on my criminal record being disclosed to the Company by the Criminal Records Bureau / Disclosure Scotland. I have been given a copy of the Company's Equal Opportunities Policy, which includes information relating to the recruitment of ex-offenders.

Signature:	Date:
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## REFERENCES

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? YES/NO

Name:	Name:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:

## SOURCE OF APPLICATION

How did you hear of this vacancy?

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Please return this form to;

Calvern Care Ltd  
Calvern House  
23 Parker Road  
Chelmsford  
Essex  
CM2 0ES