

# APPLICATION FOR EMPLOYMENT

## 1st Class Care Agency Ltd JOB APPLICATION FORM

**To be returned:** 1<sup>st</sup> Class Care Agency Ltd  
36 Coal Clough Lane  
Burnley  
BB11 4PG

Telephone - 01695577663/07973364050

Email - themanager-1stclass@btconnect.com

**Before completing this application form, please read the guidance notes below which will help you to complete your application.**

**To complete the form:**

- Type it or use back ball-point
- Make sure all sections are completed
- Please use a tick in the required boxes

**The Data Protection Act 1998** requires that any staff handling personal data on others must follow certain principles in relation to the data that they hold. Individuals have rights of access to data that is held on them and rights to claim for damages if various offences occur. This covers manual as well as computerised records.

**In implementing the legislation, 1st Class Care Agency Ltd adopts a simple and straightforward policy that is, so far as is possible, easy to understand and unambiguous in its application.**

Post applied for :				
Job Ref:				
How did you hear of the vacancy?				
Are you permitted to work in the United Kingdom?	Yes		No	
I require a work permit?	Yes		No	
Surname:		Forename(s)		Title:
Address:				
Postcode:				
Telephone No (home) :		Telephone No (mobile) :		
E-mail address:				
NI No:		D.O.B		

- Do you have a full UK Driving Licence? Yes   No
- Do you have access to a car that you can use for work? Yes   No
- Have you ever been banned from driving, or do you have any current endorsements on your licence? If so please list in box below: Yes   No

Areas you are available to work in:

Kirby    Huyton    Fazakerley    Prescott    Halewood

**EDUCATION/QUALIFICATIONS/TRAINING**

Please give information about qualifications gained relating to the role you are applying for – please continue on a separate sheet where necessary:

<b>EDUCATION / QUALIFICATIONS</b>		
<b>Qualifications</b>	<b>Date</b>	<b>Grade</b>

<b>TRAINING (If you have undertaken any relevant training to this post please give details)</b>		
<b>Course details</b>	<b>Date</b>	<b>Training provider</b>

**EMPLOYMENT BACKGROUND (please continue on a separate sheet if necessary)**

<b>CURRENT / MOST RECENT JOB</b>			
<b>Employer's name</b>		<b>Salary</b>	
<b>Job Title</b>		<b>Notice required</b>	
<b>Reason for leaving</b>			
<b>Brief Description of Duties :</b>		<b>Dates (month &amp; year)</b>	
		<b>From</b>	<b>To</b>

**PREVIOUS JOBS (PAID AND VOLUNTARY)**

Please detail the most recent first. Where there are gaps between jobs please indicate why, for example; continuing education, family, child care, unemployment or travelling. *Continue on a separate sheet if necessary*

<b>Employer's name</b>		<b>Reason for leaving</b>	
<b>Job Title</b>			
<b>Brief Description of Duties :</b>		<b>Dates (month &amp; year)</b>	
		<b>From</b>	<b>To</b>

<b>Employer's name</b>		<b>Reason for leaving</b>	
<b>Job Title</b>			
<b>Brief Description of Duties :</b>		<b>Dates (month &amp; year)</b>	
		<b>From</b>	<b>To</b>

<b>Employer's name</b>		<b>Reason for leaving</b>	
<b>Job Title</b>			
<b>Brief Description of Duties :</b>		<b>Dates (month &amp; year)</b>	
		<b>From</b>	<b>To</b>

<b>Employer's name</b>		<b>Reason for leaving</b>	
<b>Job Title</b>			
<b>Brief Description of Duties :</b>		<b>Dates (month &amp; year)</b>	
		<b>From</b>	<b>To</b>

### **Skills and Abilities/ Knowledge & Experience/ Qualities**

Tell us why you are applying for this job. You should also show how you meet the requirements of the person specification by providing details of your experience, skills & knowledge gained in employment, voluntary work or elsewhere.

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### **Hobbies:**

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**References:**

Please provide details of two referees who can provide information relating to your competency in a caring role, one of whom must be your present or most recent employer (referees for qualified Nurses must be professionals). If you are a student, please give an academic referee. If you are applying for a post which requires unsupervised access to children/vulnerable adults, we reserve the right to approach any past employer for a reference.

Name:		Name:	
Position:		Position:	
Organisation:		Organisation:	
Address:		Address:	
Postcode:		Postcode:	
Tel No.		Tel No.	
May we approach the above prior to interview?	Yes/No	May we approach the above prior to interview?	Yes/No
If No, please state for what reason:		If No, please state for what reason:	

If you are unsuccessful in this application, we will keep this form on file for 12 months should you wish to be considered for other vacancies within the organisation.

Please tick to show your agreement to this: Yes No

**Previous Application: If you have previously applied to us for work, when did you apply and what was the vacancy?**

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Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities?

Yes  No

Please specify any special arrangements for work associated with any impairment.

Please specify any special arrangements you will need to attend an interview

Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer

Please list any form of medicine, drugs or treatment you are currently and/or regularly receiving.

Please list all absences from work in the past 12 months and the reasons for such absences.

**DECLARATION (Please read carefully before signing this application)**

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves right the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that my previous employers may be approached for references. I also agree that should I be successful in this application, I will, if required, apply to the Disclosure and Barring Service/Scottish Criminal Records Office for a standard or enhanced (as appropriate) disclosure. I understand that should I fail to do so, or should the disclosure or reference not be satisfactory, any offer of employment may be withdrawn or my employment terminated.

Signed: ..... Date:.....

**Rehabilitation of Offenders Act 1974**

The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986 provides that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any convictions which would otherwise be spent. The Care Home Regulations provide that people in employment which is concerned with the provision of care or who carry out their duties wholly or partly on the premises where such provision takes place are obliged to disclose any criminal convictions, conditional discharges, bindovers or cautions that they have been subject to at any time in the past.

*Your answer to the following question should include any ‘spent’ convictions, conditional discharges, bind-overs or cautions. The ‘Company’ actively promotes equality of opportunity for all as stated in its Equal Opportunities policy, which can be found in your handbook or at your local office.*

**Have you ever been convicted of a criminal offence or received a Police Conditional discharge, bind-over, caution, warning or reprimand?**  Yes  No

**Have you ever been issued with a Penalty Notice for Disorder?**  Yes  No

If so, what was the offence? .....Date .....

Making a false statement or any attempt to conceal information regarding this declaration will lead to the rejection of your application for employment with this company. Any details provided will be treated in the strictest confidence and will not automatically exclude anyone from being considered for any vacancy.

**DECLARATION**

I have completed an Application for a Criminal Disclosure and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults or children.

I also give permission for a copy of the disclosure to which I am subject, being made available to a named Authorised Person upon written request, who acts on behalf of a National Government or Local Government Department for auditing purposes.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EQUALITY AND DIVERSITY MONITORING**

**Name:** \_\_\_\_\_ **Position Applied:** \_\_\_\_\_

**1<sup>st</sup> Class Care Agency Ltd** wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

The information you provide will stay confidential, and be stored securely and limited to only some staff in the organisation’s Human Resources section.

**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

### Disability

A disabled person is defined under the Equality Act 2010 as someone with a **‘physical or mental impairment which has a substantial and long term adverse effect on that person’s ability to carry out normal day-to-day activities.’**

Do you consider yourself to be disabled under the Equality Act 2010? Please mark ‘X’ in the appropriate box.

Yes  No  Prefer not to say

The Equality Act 2010 requires all employers to make reasonable adjustments for disabled employees.

DFID uses the social model to inform disability action planning. This means concentrating on the environment, removing barriers wherever possible that get in the way of a disabled person from doing their job. Should you be successful in your appointment to the post, do you require any reasonable adjustments to be put in place?

Please specify in the box below:

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?

The Department for International Development wants to ensure that all applicants are treated equally whatever their sexual orientation. To do this we need to know about the sexual orientation of people who apply to join us. We should therefore be grateful if you would complete the following question. Your answer will be treated in the strictest confidence and will not affect your job application in any way.

**Which group do you most identify with? The options are listed alphabetical order.**

Bisexual  Gay woman/lesbian  Heterosexual  Gay man

Prefer not to say  If other, please write in:

### What is your ethnicity?

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 Caribbean  White and Black African  White and 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: .....

**Other ethnic group**

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

**What is your religion or belief?**

The Department for International Development wants to ensure that all applicants are treated equally whatever their race, colour or ethnic origin. To do this we need to know about the ethnic origin of people who apply to join us. These categories were used in the 2011 Census and are listed alphabetically.

**Which groups do you most identify with?**

Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  No religion or belief   
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   
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

Signed: ..... Date: .....