

# PENPERGWM HOUSE

## APPLICATION FOR EMPLOYMENT

Position Applied For \_\_\_\_\_ Date: \_\_\_\_\_

### RESTRICTED WHEN COMPLETE

The following information will be treated in the strictest confidence. Please complete the application in **BLOCK CAPITALS**

Surname:		Forename(s):		
Address:				
Post Code:				
Email:				
Home Tel. No		Mobile Tel. No.		
National Insurance No:		Do you have a bank account		YES/NO
Do you hold a full driving licence?			YES/NO	
If yes please give details of any endorsements below:				
Date:	Endorsement Code:	No of Points		
Date:	Endorsement Code:	No of Points		
Date:	Endorsement Code:	No of Points		
Do you have your own car or access to a car for work purposes			YES/NO	
Are you involved in any activity which may limit your availability to work or your working hours e.g. local Government			YES/NO	
If yes, please give full details:				
Our business operation is 24/7 – please give details of any days/hours that you <b>DO NOT</b> wish to work.				
Do you have any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?			YES/NO	
If yes, please give full details:				
Have you ever worked or applied to work with us before?			YES/NO	

Are you related to any person employed by this business	YES/NO
If yes, please give full details:	
Do you need a work permit to take up employment in the UK?	YES/NO
How much notice are you required to give your current employer?	

### Education, Training and Professional Qualifications:

Please note that sight of qualification certificates will be required should you be successful in your application:

Please provide details of qualifications gained at either School, College or University including grades achieved:
Details of any Professional or relevant training courses attended:

### Employment History:

Please provide details of your past employment, excluding your present / last employer, stating the most recent first. **Specific dates are required for Care Standard requirements and any gaps in your employment must be included. Continue on a separate sheet if necessary.**

Are you currently employed:	YES/NO
Name of present employer:	
Address:	
Tel No:	
Nature of business:	
Job title and brief description of duties:	
Length of service: From: -----/-----/----- To: -----/-----/-----	

Name & Address of Employer	Dates To and From	Position held and main duties	Reason for leaving
1.			
2.			
3.			
4.			

**THERE MUST BE NO GAPS IN EMPLOYMENT DATES**

**Supplementary Information**

Please set out below any further information in support of your application e.g. past achievements, future aspirations, personal attributes etc:

The position you have applied for requires a considerable amount of moving and handling. Do you have any medical/physical condition which would prevent you from performing any moving and handling duties:	YES/NO
If yes, please provide details below:	

**References**

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

If currently employed are we able to approach your employer before an offer of employment is made?	YES/NO
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Referee 1 <b>MUST BE YOUR CURRENT OR PREVIOUS EMPLOYER</b>	Referee 2
Contact Name:	Contact Name:
Company Name:	Company Name:
Address:	Address:
Tel No:	Tel No:
EMAIL :	EMAIL:
Referee 3	<b>Source of Application</b> How did you hear of this vacancy?
Contact Name:	
Company Name:	
Address:	
Tel No:	
EMAIL:	

**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.

Signature:

Date:

**Next of Kin Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel Number (Home) \_\_\_\_\_ Mobile No: \_\_\_\_\_