Solutions 4 Care Limited

**Solutions 4 Care Limited Job Application Form**

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| **APPLICANT INFORMATION:** |
| Name (Full):  |
| Maiden Name: **WHEN DID THIS CHANGE (Year)?**  | Date of Name Change: |
| Date of Birth: |  | Place of Birth: |
| National Insurance Number: |
| Current Address **(5 Years or longer):****FROM (MONTH & YEAR):** |
| Town/City: | County: | Post Code: |
| Previous Address **(within 5 years):** |
| **DATES – FROM: TO:** |
| Mobile:  | Alternative Telephone: |
| Email: |
| Post Applying for: Community Based Care Assistant |
| How did you hear about Solutions 4 Care Limited? |
| Where you referred by a Solutions 4 Care Limited employee? |
| Date available for work: |
| Dates not available for training within the next 4-6 weeks: |

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| **CURRENT EMPLOYMENT INFORMATION:** |
| **Current / Most recent Employer:** |
| Company Name: |
| Employment Address: |
| Length of Service:Date from: Date to: | Reasons for Leaving: |
| Position Employed as: |
| Salary: |
| **Job Title / Job Function / Responsibilities:** |
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| **PREVIOUS EMPLOYMENT INFORMATION (PAST 5 YEARS):** |
| **Current / Most recent Employer:** |
| Company Name: |
| Employment Address: |
| Length of Service:Date from: Date to: | Reasons for Leaving: |
| Position Employed as: |
| Salary: |
| **Job Title / Job Function / Responsibilities:** |
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| **EDUCATION** |
| Secondary School: |  | College Attended: |  |
| Years Attended | From: To: | Years Attended | From: To: |
| **QUALIFICATIONS** |
| **Qualifications Gained** | **Subject** | **Grade** | **Year Gained** |
|  |  |  |  |
| **TRAINING ATTENDANCES**  |
| **Course Attended** | **Duration** | **Organising Body** | **Course Date** |
|  |  |  |  |
| **Do you belong to any professional institutions?** |
| **Name of university** | **Degree Type****(Subject BA HONS)** | **Grade** | **Years Attended****(e.g. 2000 – 2004)** |
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| **Rehabilitation of Offenders Act** |
| Are you eligible to work in the UK? | YES / NO |
| Do you hold a full UK driving license? | YES / NO |
| If yes, do you have any points or convictions etc? |
| Have you ever been convicted of a criminal offence? | YES / NO |
| Have you any prosecutions pending? | YES / NO |
| If yes, please give details / dates of offence(s) and sentence: |

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| **HEALTH** |
| Number of days absent from work in the past 12 months: |  |
| Number of occasions and reasons: |  |
| Are you registered disabled? | YES / NO |
| If so please give details: |

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| **REFERENCES** |
| **Reference 1** **(CURRENT / MOST RECENT EMPLOYER)** | **Reference 2** |
| Name |  | Name |  |
| Job Tile |  | Job Tile |  |
| Work Relationship |  | Work Relationship |  |
| Organisation |  | Organisation |  |
| Dates of Employment |  | Dates of Employment |  |
| Address |  | Address |  |
| Post Code |  | Post Code |  |
| Telephone Number |  | Telephone Number |  |
| E-mail |  | E-mail |  |

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| **Declaration** |
| I confirm that the information provided in this application is truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place any subsequent employment in jeopardy. I understand that employment entered into is subject to documentary evidence of my right to work in the UK and satisfactory references. I expressly consent to personal data contained within this form being recorded for the purposes of assessing suitability for the post and may form the basis of any subsequent personnel file.  |

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| Signed: |  | Date: |  |