



Morvern Care Centre & Services Limited

APPLICATION FOR EMPLOYMENT

ONLY INFORMATION PROVIDED ON THIS APPLICATION FORM WILL BE CONSIDERED. All information given will be treated with the strictest confidence. Continuation sheets may be added if necessary. Please complete all the information in **BLOCK CAPITALS**.

Position applied for:

How did you hear of this vacancy?(Include date).....

A. PERSONAL PARTICULARS

Full Name: Mr/Ms/Mrs/Miss	
Address:	Telephone Number (Including STD Code) Home: Mobile: Business: (Tick box if you do not want to be contacted at work) <input type="checkbox"/>
Date of Birth : Age:	Do you need a work permit to take employment in the U.K. ? Yes <input type="checkbox"/> No <input type="checkbox"/>
Marital Status:	
N.I. Number:	
If yes please give details :	

B. EDUCATION AND QUALIFICATIONS

Please give details of examinations attempted and results. (Including any examination failed)

Name (s)and Address (es) of School (s) and College (s)	Dates		Subject/Courses Studied & Level	Examination Result/Grade
	From	To		

C. EMPLOYMENT HISTORY

Please provide all the work experience from living full time education till date beginning with your present or last employer and work backwards.

(Please continue on separate sheet if necessary)

(Please make sure there is no gap in employment or provide reason for gap in employment history)

Name(s) and Address(es) of Employer(s)	Dates				Position Held/ Main Duties	Salary	Reasons for Leaving
	From		To				
	Month	Year	Month	Year			

D. OTHER INFORMATION

Please give any other information which you think may support your application for employment, including relevant experience, courses attended, sports, hobbies, ambitions, interests etc.

(Please continue on separate sheet if necessary)

E. SUPPLEMENTARY INFORMATION

Are you in good health?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No please give details:		
Have you ever been convicted of a criminal offence? (which is not a spent conviction under the Rehabilitation of Offenders Legislation)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details:		
Do you have a current full driving licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Please list any current endorsements):		
Are you willing to work overtime and weekends when required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

F. REFERENCES

PLEASE GIVE THE NAMES AND ADDRESSES OF TWO REFEREES WHO ARE NOT RELATED TO YOU, WHO WE CAN APPROACH FOR A CONFIDENTIAL ASSESSMENT OF YOUR SUITABILITY FOR THIS JOB. (One of these must be a previous employer)

Can we approach your present/ most recent employer? Yes No

Tick box if you do not wish your employer to be contacted before an offer of employment is made

Name, Position, Address and Telephone No.	Name, Position, Address and Telephone No.

G. DECLARATION OF APPLICANT

I confirm that the information contained in this application is correct.

I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable for dismissal.

Signed..... Date.....

Full Name:

MORVERN CARE CENTRE

EQUAL OPPORTUNITIES

Morvern Care Centre & Services Limited, is an equal opportunities employer. We recognise that employees and clients are not all the same and that they come from differing cultures and backgrounds and may bring with them important domestic responsibilities that will have an impact on the world of work.

Please tick the appropriate box(es):

PRINT NAME:.....

Please state your gender:

Male Female

How would you describe your ethnic origin?

- White:**
- British
 - Irish
 - Any other white background

- Black:**
- African
 - Caribbean
 - Any other black background

- Mixed:**
- White and black Caribbean
 - White and Black Africa
 - White and Asian
 - Any other mixed Background

- Chinese:**
- Chinese
 - Any other

- Asian or Asian British:**
- Indian
 - Pakistani
 - Bangladeshi
 - Any other Asian background

I do not wish to record my ethnic group.

If you are not a national of the European Area, do you require a work permit? Yes No

Do you consider you have a disability? Yes No

If yes, please give brief details and indicate whether any adjustment may be necessary

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FOR OFFICE USE ONLY

INTERVIEW RECORD

Candidate not selected for interview because:	
Interview by:	Date
Comments/ Areas to Examine:	
Decision Reject: <input type="checkbox"/> Further Interview: <input type="checkbox"/> Accept: <input type="checkbox"/> (Tick as applicable)	
Interviewer's report and reason for decision:	
Rejection letter sent: Yes <input type="checkbox"/> No <input type="checkbox"/>	

APPOINTMENT RECORD (To be completed where there has been an offer of employment)

CONDITIONAL OFFER LETTER Date sent: Response: Acceptance/Refusal/No reply:	REQUESTS FOR REFERENCE: Date sent: Response: Good/Satisfactory/No Reply/Suspect/Unsuitable
CRB / POVA APPLICATION: Date sent: Response: Good/Satisfactory/Suspect/Unsuitable	OTHER CONDITIONS: Work Permit:
Starting Date: Starting Salary: Grade:	Job Title: Personnel/Clock Number: