



Application Form

Post Applied for:		
Title:	Surname:	Forename(s):
Date of Birth:		Previous Names:
Present Address:		Previous Addresses for the last 5 years with dates:
Telephone Number:		Place of Birth:
National Insurance No:		Doctors Name and Address:
		Tel:
Please give any reasons that might affect the hours you are available to work:		

<p>Qualifications Please list below all qualifications gained at school, college etc</p>
<p>Professional Qualifications Please list below all Professional Qualifications</p>

Employment History

Please list below a FULL employment history giving explanations were gaps occur
(continue on a separate sheet if needed)

Name and Address	Dates Employed From and to	Position Held Main Responsibilities	Reason for Leaving

References

Name and address of two responsible people (not related to you). One MUST be your last employer and one MUST have known you for at least two years

1st Employer Reference	2nd Reference
Name: Address: Tel:	Name: Address: Tel:

Are you at Present receiving any Medical Treatment:

If yes please give details

Have you had any serious illness or accident:

If yes please give details

Are there any health issues we should know about:

If yes please give details

Please give a brief account of why you want to work at The Good Companions

Rehabilitation of Offenders Act 1974 – you are required to disclose any criminal convictions

Do you have any spent or unspent criminal convictions

If yes please give details

Are you listed on the Protection of Vulnerable adults register

If yes please give details

Have you previously had a CRB check completed

If yes please supply date completed

Have you previously had a POVA check completed

If yes please supply date completed

Failure to disclose this information will result in the termination of employment

During the Course of your interview you will be required to provide the following original documentation:

Full Birth Certificate

Passport

Driving Licence

National Insurance Card/P45/P60

Naturalization Certificate*

Marriage Certificate*

Divorce Certificate*

Deed Poll*

Adoption Certificate*

Recent Utility Bill

*** If applicable**

THIS INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE.

I hereby declare that the information provided in the Application form is true and I have not withheld any information, which might influence your decision to employ me.

Signature:

Date: