

APPLICATION FORM

Where did you see this? Post advertised?

PRIVATE & CONFIDENTIAL

Position Applied For:

PERSONAL DETAILS: (Block Letters Please)			
Surname:	First Names:		
Address:	Email:	Mobile No:	
Post Code:	Tel No: (Work)		
	,		
Do you hold a full driving licence?	Date of Birth:	National Insurance No:	
Car Available:			

EMPLOYMENT HISTORY: (Most recent job first)

Dates From:	Employed To:	Name/Address of Employer	Job Title: Duties & Responsibilities	Salary

2. EDUCATION & QUALIFICATIONS (Please use extra sheet if necessary)

From:	То:	Name & Address of	Details of Qualifications/Courses
		Establishment	attended
OTHER INF	ORMATION		
Mby do you	think vour nr	ovieus experience, whether et w	verk or otherwise is relevant to this ish?
(Please us	extra sheet if r	evious experience, whether at w necessary)	vork or otherwise is relevant to this job?
(1 10000 00 1		ioooodiy).	
_			
REASON FOR LEAVING LAST EMPLOYMENT			

3. MEDICAL HISTORY

Please give details of any disabilities, serious illnesses suffered in the past 2 years, days lost from work, hospitalisation etc. Do you have a disability you wish to tell us about? If so, are you registered disabled at a Job Centre (Green Card holder?)			
REFERENCES Give two references if you do not wish your referees			
1. Name		Occup	ation:
Address:			
Daytime telephone no:			
Email:			
2. Name:		Occup	ation:
Address:			
Daytime telephone no:			
Email:			
AVAILABILITY			I A
Available to start work:	Number of hours availab	ie:	Are you willing to work weekends?
DEGLADATION:	1		
DECLARATION I declare that to the best of my knowledge, the information I have given on this form is true in every			
respect.			
Signature:			Date:

Please return completed form to:

Pinnacle Care Plus, 2 Parklands way, Holytown, Motherwell, ML1 4WR

4. Pinnacle Care Plus is committed to an Equal Opportunities policy. In order to ensure the effectiveness of this policy, all applicants are asked to provide the following information, which will be treated in the strictest confidence.

(a) Female	[]	
(b) Male	[]	
(c) Black (African)	[]	
(d) Black (Afro Caribbean)	[]	
(e) Black (Asian)	[]	
(f) White (British/European)	[]	
(g) Cypriot (Greek)	[]	
(h) Cypriot (Turkish)	[]	
(i) Other (please specify)	[]	
	FOR OFFI	ICE USE ONLY
Application form sent:		Date:
Application form returned:		Date:
Invited to Interview:		Date:
Request References:		Date:
References received:		Date:
Rejection:		Date:
Offer made:		Date:
Start Date:		Date:
Induction pack:		Date:

Date:

ID photo Y[] N[]

I would describe myself as :(please tick appropriate box)

Training:

Uniform/Tabard:

CONFIDENTIAL

DISCLOSURE OF CRIMINAL BACKGROUND OF THOSE WITH ACCESS TO CHILDREN AND VULNERABLE CLIENTS

Due to the nature of your appointment as Care Assistant/Domestic Assistant you should appreciate that <u>Pinnacle Care Plus Ltd</u> must enquire into the character and background of all staff. It is therefore essential that in making your application, you disclose whether you have any convictions, bind-over orders or cautions and if so, for what offences.

The fact that a conviction, bind-over order, or caution has been recorded against you will not necessarily exclude you from consideration for this appointment.

Have you any convictions, bind-over orders, cautions	or pending prosecutions? (See notes)
YES NO	Date / /
If yes please give details	
I give my permission for a Police Check to be made	
Signed: Da	te:
Surname:	Post applied for:
Forename:	Sex: M/F
Previous/other names: (Including maiden names):	Date of Birth: / / Place of Birth:
(including malder names).	Height:
Current address in full:	i ioigiit.
	Post Code:
If less than 5 years please give previous address	
Previous address in full:	
	Doot Codo:
As from (date): / /	Post Code:
As nom (date).	
I declare that the information I have given is correct.	
information will result in the termination of my contract	t with Pinnacle Care Plus. .
Signature:	Date:
Signed:	
Date:	

Date of next review: