

ESSENTIAL HOMECARE SERVICES



QUALITY & CONTINUITY.

10 Beverley Avenue, Newtownards, Co. Down, BT23 7UE

www.essentialhomecareservices.co.uk

Tel: 0 2 8 9 1 8 1 0 7 5 7

CONFIDENTIAL

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK

PERSONAL DETAILS

Surname:..... First Names.....

Maiden Name..... Nat Ins No:.....

Title: (Mr. / Mrs. / Ms/Miss)..... Place of Birth.....

Address.....

Post Code..... Tel code & No:.....

Mobile

If at current address less than 5 years please give previous address:

Next of Kin details.

Please enter details of your next of kin. A person we can contact if you have an accident or illness whilst at work.

Name:

Address:

Contact number:

Relationship to applicant:

EDUCATION AND TRAINING AND EXPERIENCE.

Please list Qualifications, Training and previous experience

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EMPLOYMENT HISTORY

Please state below, particulars of present and previous employment. Any periods of unemployment must also be accounted for.

Current / most recent employer inc. address	from	to	Reason for leaving
Employer 1:			
Duties			
Employer 2:			
Duties			

GENERAL INFORMATION

1. Do you hold a current driving license? YES NO
2. Do you have access to a car for work purposes? YES NO
3. If appropriate, does your car insurance cover you for business use? YES NO

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENCE? (Including a motoring offence)

Please use this space below to provide any information you wish to give. Continue on an additional sheet, if necessary.

REFERENCES

Give the names and addresses of two referees who are not related to you and have knowledge of your work. One must be from your current or most recent employer.

May we contact your present or most recent employer prior to interview? YES/NO

(1) 1st Referee

(2) 2ND Referee

Name:

Name:

Address:

Address

Tel:

Tel:

SPECIAL ARRANGEMENTS

1. Do you have or have you ever had a disability which you consider to be relevant to the post for which you have applied? YES NO

2. Do you require any special arrangements to be made for you to attend interview if Short listed? YES NO

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.....

WARNING

An employee found to have knowingly given false or inaccurate information, or to have willfully Failed to disclose any relevant fact, will be dismissed.

DECLARATION

I declare that to the best of my knowledge and belief, all information recorded in this application form is true.

Signed:

Date:

FAIR EMPLOYMENT (N.I.) ACT 1989

Under the above Act Essential Homecare Services has a responsibility to monitor the religious affiliation of all applicants for employment. To comply with this requirement you are asked to complete the details requested below. Any information supplied will be treated in the strictest confidence and will only be used to monitor our policy of equality of opportunity.

Essential Homecare Services is a fair employer and does not discriminate on the grounds of religious belief or political opinion. We operate the Merit Principle, selecting the best person for the job.

The details provided by you will not be available to either the short listing or interview panel connected with this post.

It would be appreciated therefore if you would please answer the questions.

Religion

I am a Protestant

I am a Roman Catholic

I am neither a Protestant nor a Roman Catholic.

Sex

Male Female

Race

African Asian Caribbean Chinese

White European White other Other.

Disability

The Disability Discrimination Act (NI) Act 1995 describes a disability as a physical or mental impairment, which has a substantial and long term effect on a person's ability to carry out normal day to day activities. Do you consider yourself to have a disability? YES NO

If yes, please indicate the nature of your disability.

Mobility Dexterity/Co-ordination Learning

Psychiatric/Mental Speech

Others.....

HEALTH CHECK QUESTIONNAIRE

- | | | |
|---|-----|----|
| 1. Has the Doctor ever said you have a heart condition? | Yes | No |
| 2. Do you ever have chest pains? | Yes | No |
| 3. Do you have high blood pressure? | Yes | No |
| 4. Do you have diabetes? | Yes | No |
| 5. Are you prone to headaches, fainting, and dizziness? | Yes | No |
| 6. Do you have bone, joint or back pain | Yes | No |
| 7. Are you pregnant or have you given birth in last 12 wks. | Yes | No |
| 8. Are you taking any prescribed medication? | Yes | No |
| 9. What is your immunization status? | | |

I declare that to the best of my knowledge the above information is correct.

Applicant signature: _____

FOR OFFICE USE ONLY

Essential Homecare Services can confirm the applicant _____,
Is physically and mentally fit for employment.

EHCS signature

Applicant signature.

Date: