

Application for Employment

|  |  |  |
| --- | --- | --- |
| Position Applied For: | Closing Date: | |
| Please Return Completed Application to:  Lesley Barker  Services Manager  My Support & Care Services Ltd  40a High Street  Honiton  Devon EX14 1PJ | | |
| Surname: | | First Name: |
| Home Address: | | Home Telephone: |
| Work Telephone: |
|  | | Mobile: |
|  | | May we ring you at work? **YES / NO** |
|  | | Are you related to any employees of My Support & Care Services Ltd? **YES / NO** |
| Where did you hear about this vacancy / the company? | | |

Secondary Education

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of school | Address | Dates  From To | | Subjects taken | Qualifications Gained |
|  |  |  |  |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Further Education / Professional / Vocational Qualifications

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Intuition Attended | Address | Dates  From To | | Detail of subjects & levels studied | Qualifications Gained |
|  |  |  |  |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Personal development

Please tell us about any training, voluntary work or organization’s that you have or do participate in. included any areas that you feel are relevant to your personal development

|  |  |
| --- | --- |
| Please include any training courses, voluntary work | Dates |
|  |  |

Employment History

Please tell us about your previous employment. Please give details of all jobs held, including part time or voluntary & unpaid work. Please start with your current or most recent employment. Ensure that you give clear explanations

for any gaps in your employment history.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer Name & Address | Job title & brief description of duties | Date from | Date to | Reason for leaving |
|  |  |  |  |  |

Please continue on a separate sheet if needed.

Further information / Personal statement

Please use this space to tell us why you are interested in this post & how you feel that you meet the person specification.

Please use this space to relate your experience to the job description; please use a continuation sheet if required.

Applicants Details & Declarations

|  |  |  |
| --- | --- | --- |
| Do you hold a current FULL driving licence? | YES | NO |
| Do you have any endorsements? | YES | NO |
| Do you consider yourself to be disabled? | YES | NO |
| *If Yes please state the nature of your disability* | | |
| Are there any adjustments that need to be made for  The Interview?  The Job? | YES  YES | NO  NO |
| Successful applicants will be asked to undertake an enhanced DBS check before employment commences. As part of this process please completed the enclosed Rehabilitation of Offenders Declaration Form. | | |
| Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post? | YES | NO |
| *If Yes please give details* | | |
| Do you have the Right to work in the UK? | YES | NO |
|  |  |  |
| Please give details of any visa held or required if appropriate. | | |
|  | | |

References

Please supply us with the details of three people who will provide a reference. One of which must be your current (if employed) or most recent employer. This can be a Tutor or professor if you are currently in or just left

Education. We will not contact your current employer before an interview, but they will be contacted before appointment.

|  |
| --- |
| NAME: |
| OCCUPATION: |
| COMPANY NAME: |
| ADDRESS: |
| POSTCODE |
| TELEPHONE NUMBER |
| Email address |
| ARE YOU RELATED TO THIS PERSON? YES / NO |

|  |
| --- |
| NAME: |
| OCCUPATION: |
| COMPANY NAME: |
| ADDRESS: |
| POSTCODE |
| TELEPHONE NUMBER |
| Email address |
| ARE YOU RELATED TO THIS PERSON? YES / NO |

|  |
| --- |
| NAME: |
| OCCUPATION: |
| COMPANY NAME: |
| ADDRESS: |
| POSTCODE |
| TELEPHONE NUMBER |
| Email address |
| ARE YOU RELATED TO THIS PERSON?  YES / NO |

I certify that the information given by me in this document is to the best of my knowledge and belief is correct. I understand that by providing any false or misleading information will disqualify me from appointment or if appointed may result in my dismissal.

Signature

Date