

Please return this form to:

Recruitment, Horizon Healthcare Homes Ltd, Scotgate House, 2 Scotgate Road,

Honley, Holmfirth HD9 6JG or via email to recruitment@horizoncareservices.co.uk

**APPLICATION FOR EMPLOYMENT**

**CONFIDENTIAL**

|  |  |  |
| --- | --- | --- |
| **POSITION APPLIED FOR** | **HOW DID YOU FIND OUT ABOUT THIS POSITION?** | **SALARY EXPECTED** |
|  |  | £ per |

**PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| FORENAMES |  | SURNAME |  |
| HOME ADDRESS | TELEPHONE NUMBER (INC STD CODE) |
| Postcode:Email address: | Home:  |  |
| Mobile:  |  |
| Work: |  |
| NAME AND ADDRESS OF NEXT OF KIN |  | Relationship |  |
| Telephone Number |  |
| NATIONAL INSURANCE NUMBER | DO YOU REQUIRE A WORK PERMIT TO WORK IN THE UK? If YES, give details |
|  | YES / NO |  |
| DO YOU HAVE A CURRENT DRIVING LICENCE? | YES / NO | TYPE OF LICENCE | DETAILS OF ENDORSEMENTS |
|  |  |
| Please give dates you would be unavailable for interview | If successful, would you also wish to continue in any other employment? If YES, give details. |
|  | YES / NO |  |

**REASON FOR APPLYING**

|  |
| --- |
| Please explain why you made this application, why you are interested in working for our organisation and detail any relevant strengths, experience and achievements that you believe make you a suitable candidate. |
| Continue on a separate sheet if necessary |

 **EDUCATION AND QUALIFICATIONS**

|  |  |  |
| --- | --- | --- |
| DATES FROM / TO | SCHOOLS ATTENDED | QUALIFICATIONS GAINED (STATE SUBJECTS, LEVEL AND GRADES |
|  |  |  |
| DATES FROM / TO | COLLEGES OR UNIVERSITIES ATTENDED | QUALIFICATIONS GAINED (INCLUDING APPRENTICESHIPS |
|  |  |  |
| ADDITIONAL TRAINING/QUALIFICATIONS, (INCLUDE MEMBERSHIP OF PROFESSIONAL BODIES/SPECIAL COURSES ETC) |
|  |

**PRESENT OR MOST RECENT EMPLOYMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| JOB TITLE | START DATE | DATE LEFT OR NOTICEREQUIRED | WAGE /SALARY |
|  |  |  |  |
| NAME OF EMPLOYER | ADDRESS |
|  |  |
| MAIN DUTIES AND RESPONSIBILITIES | REASON FOR LEAVING |
|  |  |

**REFERENCES**

|  |
| --- |
| Please give the name, address, telephone number and email address of two people who are available to give work experience references. This should include one from you present or most recent employer |
| **Referee 1:** (Present or most recent employer)Name:Company:Address:Telephone:Email address | **Referee 2:**Name:Company:Address:Telephone:Email address |
| Do you agree that we may contact your current employer before offering employment? | YES / NO |

**EMPLOYMENT HISTORY (Continue on a separate sheet if necessary)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATES | NAME AND ADDRESS OF EMPLOYER | JOB TITLE AND EARNINGS | MAIN DUTIES AND REPONSIBILITIES | REASON FOR LEAVING |
| FROM | TO |
|  |  |  |  |  |  |

**ADDITIONAL DETAILS**

|  |
| --- |
| Have you ever been employed by us before? If YES, give a job title, dates and reason for leaving. |
| YES / NO |  |
| Please give details of leisure interests including any language skills and positions of responsibility held. |
|  |
| Do you have any unspent conditional cautions or convictions under the Rehabilitation of Offenders Act 1974? | **Yes** |  | **No** |  |
| Do you have any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020? | **Yes** |  | **No** |  |
| *If you have replied ‘yes’ to either of the above questions, please provide details.* |
| *The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered ‘protected’. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account. Guidance about whether a conviction or caution should be disclosed can be found on the Ministry of Justice website* |

**DECLARATION**

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| --- |
| 1. I confirm that the information given on this form is true and complete to the best of my knowledge. I agree that any deliberately false or misleading information will be sufficient cause to, reject my application, withdraw any offer made or if employed to dismiss without notice.
2. I am fit to carry out the duties of the position applied for.
3. If required, I agree to give consent to approach my medical practitioner for a medical report or to attend an Occupational Health Practitioner in order to confirm that I am fully fit and able to carry out the functions/duties that are intrinsic to the job and/or, where appropriate, to provide assistance on whether any reasonable adjustments can be made.
4. If I am successful the employer may process the information contained on this form in accordance with Data Protection Legislation.
5. If I am unsuccessful the employer may retain my details in accordance with Data Protection Legislation and may contact me should other vacancies arise that I may be suitable for.
6. I agree to my employer releasing information where appropriate in circumstances where validation of the information is required.

Signed: Date:  |

**FOR OFFICE USE ONLY**

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| --- | --- |
| Reason for rejection | Interview comments (Give Date and Summary outcome) |
|  |  |