



# Jane Caress Ltd

ACCESS TO INDEPENDENCE

## APPLICATION FOR EMPLOYMENT

Please complete fully in black ink and return to  
Jane Caress, Appletree House, Leyburn Road, Ellington, Masham, North Yorkshire, HG4 4PF  
or email to jane@janecaress.co.uk

POSITION APPLIED FOR:

WHERE DID YOU SEE THE VACANCY ADVERTISED? .....

### PERSONAL DETAILS

SURNAME: ..... FIRST NAME(S): .....

PREVIOUS SURNAMES (if any): .....

ADDRESS: .....

.....

.....

..... POSTCODE: .....

HOME TEL NO: ..... MOBILE: .....

EMAIL ADDRESS: .....

ARE YOU OVER 18? YES  NO

DO YOU HAVE A CLEAN FULL BRITISH OR EUROPEAN DRIVING LICENCE?

YES  NO  FOR HOW LONG HELD? .....

IF NO, PROVIDE DETAILS OF ANY ENDORSEMENTS: .....

DO YOU HAVE ACCESS TO A VEHICLE ON A REGULAR BASIS? YES  NO

ARE YOU A SMOKER? YES  NO

INTERESTS/PUBLIC DUTIES (Please give brief details of interests and any public duties)

.....

.....

PLEASE STATE WHY YOU ARE INTERESTED IN THIS POST:

.....

.....

.....

**WHAT QUALITIES CAN YOU BRING TO OUR TEAM?**

.....

.....

.....

**AVAILABILITY FOR WORK**

A significant part of the support work we undertake is outside normal “office hours”. Please tick appropriate boxes to indicate when you would be available to work.

**NB An honest assessment of your availability is essential.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TRAINING/QUALIFICATIONS RELEVANT TO THIS POST**

*(Continue on a separate sheet if required)*

.....

.....

.....

**EMPLOYMENT HISTORY**

*Present/most recent Employment*

Employer Name & Address	Post Held & Main Duties	Dates	Reason For Leaving/Notice Required
		From  To	

*Previous Employment*

Employer Name & Address	Post Held & Main Duties	Dates	Reason For Leaving
		From  To	
		From  To	
		From  To	

**OTHER RELEVANT EXPERIENCE, paid, unpaid or voluntary**

**ADDITIONAL NEEDS/DISABILITY** (*Applications from candidates with disabilities are welcomed. Please indicate if you have any physical or learning needs which require special adjustment or adaption.*)

.....  
.....

**REFERENCES**

My policy is to contact your referees once you have been interviewed and are successful of being offered a post with us. Both referees should have line management knowledge/experience of your work skills. One of the referees *must* be your current/most recent employer. By providing the contact details below you are consenting for us to make contact with the referee's

<b>First Referee</b> (current/most recent employer)  Name: ..... Address: .....  ..... .....  Tel No: ..... Email address: ..... Relationship: .....	<b>Second Referee</b>  Name: ..... Address .....  ..... .....  Tel No: ..... Email address: ..... Relationship: .....
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**DISCLOSURE AND BARRING SERVICE (DBS)**

Do you have an up to date DBS Certificate that has been registered with the update service?

YES  NO

If Yes, what is the Certificate No? .....

Are you happy for us to look at this on line?

YES  NO

**DECLARATION**

I declare that, to the best of my knowledge and belief, the information contained in this form is accurate. I understand that, should my application be successful, and it is discovered subsequently that information is false, this may lead to the termination of my contract of employment. I confirm and understand the declaration.

**SIGNED:** ..... **DATE:** .....

If your application is unsuccessful on this occasion would you be happy for us to retain your details on file for six months, in order for us to put you forward for other posts?

YES  NO

**ASYLUM AND IMMIGRATION ACT**

In order to comply with the Asylum and Immigration Act 1996, you are required to produce one of a statutory list of documents to show your eligibility to work in the U.K. you will be asked to provide one of these documents at interview (e.g. a birth certificate issued in the U.K. or the European Community, a Certificate of Naturalisation, a P45 or Inland Revenue correspondence).

Do you possess such documentation? YES  NO

**REHABILITATION OF OFFENDERS ACT 1974**

Jane Caress Ltd aims to promote equality for all the right mix of talent, skills and potential. Criminal records will be taken into account for recruitment purposes only when the conviction is relevant. Having a 'unspent' conviction will not necessarily bar you from employment, this will depend on the circumstances and background to your offence(s).

As Jane Caress Ltd meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974, all applicants who are offered employment will be subject to a DBS check from the Disclosure and Barring Service before the appointment is confirmed. This will include details of cautions, reprimands and final warnings as well as unspent convictions.

**DECLARATION**

I declare that the information I have provided, and the statements made within this application are both true and complete. This information forms the basis of my employment and will become part of my Support Worker's Agreement with Jane Caress Ltd. Should it subsequently be proved that any information is false or has been withheld, I may be dismissed from employment.

I understand that Jane Caress Ltd will approach my employer, previous care sector employer, personal referee and the DBS for references. I also understand that some information detailed on this form will be held on a database. All information sent to Jane Caress Ltd will be held securely and no information will be passed onto third parties without your consent.

NAME: ..... SIGNATURE: .....

DATE: .....

*Any information given will be completely confidential and will be considered only in relation to an application.*

**FOR OFFICE USE ONLY**

Start Date	...../...../.....								
Offer Letter Sent	<input type="checkbox"/>	References Taken	<input type="checkbox"/>	References Rec'd	<input type="checkbox"/>	Contract	<input type="checkbox"/>	Data Form	<input type="checkbox"/>
DBS Form	<input type="checkbox"/>	P46 Issued	<input type="checkbox"/>	Timesheets	<input type="checkbox"/>	Hol Forms	<input type="checkbox"/>	ID Card	<input type="checkbox"/>
Employee Pack	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Induction Done	...../...../.....		