



**STRICTLY CONFIDENTIAL**

**Please type or complete this form in black ink.**

<b>POSITION APPLIED FOR</b>	<b>Date of Application:</b>
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**PERSONAL DETAILS**

<b>Surname:</b>	<b>First Names:</b>
<b>Address:</b>	<b>Maiden name (if Applicable)</b>
<b>Post code</b>	<b>Telephone Number:</b>
<b>National Insurance Number:</b>	

**EDUCATION**

<b>Schools Attended</b>	<b>Examinations passed</b>	<b>Year obtained</b>

College, University or other Further Education	Degree/s, Awards or Professional Qualifications	Date

**REFERENCES**

Please give the name and address of two referees, one of whom should be your present or most recent employer.		
Name	Status	Address and Telephone No
1.		
2.		



### CONSTABLE CARE LTD APPLICATION FOR EMPLOYMENT

**EMPLOYMENT**

[Please also include any gaps / dates in employment history if applicable, e.g in-between jobs seeking employment following leaving school, etc].

Date		Employer's Name and Address (most recent first)	Position Held	Salary & Benefits	Reason for Leaving
From	To				



**ADDITIONAL PERSONAL DETAILS**

Outside interests, leisure time activities and other personal information which you think may assist us in evaluating your application.



**AVAILABILITY**

Period of notice required		Are you eligible for employment in the UK?	Yes / No
Date available for work		Do you hold a current driving licence?	
Do you require a work permit?	Yes / No	Do you own a car?	

**OTHER INFORMATION**

If you consider yourself as having a disability, is there any support you would require to attend for interview? Please specify (eg wheelchair, accessible rooms, etc)	
Are you related to any employee of this organization?	Yes / No
Have you applied for any other post in this organization in the last year?	Yes / No

**REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS**

Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders act 1974 by virtue of the rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

**Do you have any convictions to disclose**                      Yes   /   No

Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

**HEALTH SCREENING**

The appointment of any post at this home is subject to satisfactory health screening. You will therefore be asked to complete a Declaration of Health and may be asked to undertake a medical examination if successful.

**I declare that the information given is correct to the best of my knowledge. I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give the employer the right to investigate all references.**

Signature:..... Date:.....

The form when completed must be returned to:                      Craig Williamson  
Constable Care Ltd  
8 The High Street  
Walton on the Naze  
Essex  
CO14 8BQ