



## **Solutions 4 Care Limited Job Application Form**

<b>APPLICANT INFORMATION:</b>		
Name (Full):		
Maiden Name:		Date of Name Change:
WHEN DID THIS CHANGE (Year)?		
Date of Birth:		Place of Birth:
National Insurance Number:		
Current Address ( <b>5 Years or longer</b> ):		
<b>FROM (MONTH &amp; YEAR):</b>		
Town/City:	County:	Post Code:
Previous Address ( <b>within 5 years</b> ):		
DATES – FROM: TO:		
Mobile:	Alternative Telephone:	
Email:		
Post Applying for: Community Based Care Assistant		
How did you hear about Solutions 4 Care Limited?		
Where you referred by a Solutions 4 Care Limited employee?		
Date available for work:		
Dates not available for training within the next 4-6 weeks:		

CURRENT EMPLOYMENT INFORMATION:	
<b>Current / Most recent Employer:</b>	
Company Name:	
Employment Address:	
Length of Service: Date from:                      Date to:	Reasons for Leaving:
Position Employed as:	
Salary:	
<b>Job Title / Job Function / Responsibilities:</b>	
PREVIOUS EMPLOYMENT INFORMATION (PAST 5 YEARS):	
<b>Current / Most recent Employer:</b>	
Company Name:	
Employment Address:	
Length of Service: Date from:                      Date to:	Reasons for Leaving:
Position Employed as:	
Salary:	
<b>Job Title / Job Function / Responsibilities:</b>	

PREVIOUS EMPLOYMENT INFORMATION (PAST 5 YEARS):	
<b>Current / Most recent Employer:</b>	
Company Name:	
Employment Address:	
Length of Service: Date from:                      Date to:	Reasons for Leaving:
Position Employed as:	
Salary:	
<b>Job Title / Job Function / Responsibilities:</b>	

EDUCATION			
Secondary School:		College Attended:	
Years Attended	From:                      To:	Years Attended	From:                      To:
QUALIFICATIONS			
Qualifications Gained	Subject	Grade	Year Gained
TRAINING ATTENDANCES			
Course Attended	Duration	Organising Body	Course Date

<b>Do you belong to any professional institutions?</b>			
<b>Name of university</b>	<b>Degree Type (Subject BA HONS)</b>	<b>Grade</b>	<b>Years Attended (e.g. 2000 – 2004)</b>

<b>Rehabilitation of Offenders Act</b>	
Are you eligible to work in the UK?	YES / NO
Do you hold a full UK driving license?	YES / NO
If yes, do you have any points or convictions etc?	
Have you ever been convicted of a criminal offence?	YES / NO
Have you any prosecutions pending?	YES / NO
If yes, please give details / dates of offence(s) and sentence:	

<b>HEALTH</b>	
Number of days absent from work in the past 12 months:	
Number of occasions and reasons:	
Are you registered disabled?	YES / NO
If so please give details:	

REFERENCES			
Reference 1 (CURRENT / MOST RECENT EMPLOYER)		Reference 2	
Name		Name	
Job Title		Job Title	
Work Relationship		Work Relationship	
Organisation		Organisation	
Dates of Employment		Dates of Employment	
Address		Address	
Post Code		Post Code	
Telephone Number		Telephone Number	
E-mail		E-mail	

Declaration
<p>I confirm that the information provided in this application is truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place any subsequent employment in jeopardy. I understand that employment entered into is subject to documentary evidence of my right to work in the UK and satisfactory references. I expressly consent to personal data contained within this form being recorded for the purposes of assessing suitability for the post and may form the basis of any subsequent personnel file.</p>

Signed:		Date:	
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