

PLEASE ATTACH
TWO RECENT
PASSPORT
PHOTOS

Application For Employment

Please use capital letters and complete all sections. If you have any difficulty completing this form please ask someone to help you. It may be completed at interview if you prefer.

This application form must be completed in the applicant's own handwriting.

In accordance with the Data Protection Act 1998, the data gathered on this Application Form and the Applicant Profile Form is used by PBL Care to inform you of potential work opportunities by mail, telephone or email. We may also use this data to conduct market research and to keep you informed of the latest developments, legislation and policy changes and company initiatives.

Information provided on the equal opportunities monitoring form is for monitoring purposes. PBL Care is an equal opportunities employer.

Name of Applicant.....

Post Applied For.....

Date of Application.....

[For Office Use Only]	
Short Listed:	Yes/No
Invitation for interview sent:	Yes/No
Interview Date:

PERSONAL DETAILS:	
Surname	
Previous surname/s (if any)	
Forename	
Address	
Postcode	
Telephone Number	
Mobile Number	
Date of Birth	
Car Driver	Yes/No
Car Owner	Yes/No
NI Number	
Qualifications	
Next of Kin/Emergency Contact	
Relationship to you	
Telephone Number	
Work/Mobile Number	

EDUCATION:			
School/College (Name and Address)	Subjects/Courses/Qualifications	From: (Month/Year)	To: (Month/Year)

FURTHER TRAINING/COURSES/DAYS:			
Establishment (Name and Address)	Course Title	Duration	Date Achieved

LANGUAGES/ADDITIONAL SKILLS: e.g. Sign Language/Makaton			
Language/Skill/Fluency/Competence	Speech	Reading	Writing

EMPLOYMENT HISTORY:			
Detail all employment since secondary education, starting with most recent and include any gaps or voluntary/unpaid work.			
Company/Employer (Name and Address)	Position Held	From: (Month/Year)	To: (Month/Year)

Company/Employer (Name and Address)	Position Held	From: (Month/Year)	To: (Month/Year)

GENERAL INFORMATION:		
Are you happy to work in service users' home or environments where there are smokers?	Yes	No
Are you happy to work in service users' home or environments where there are domestic pets?	Yes	No
Do you want full time or part time work?	Full Time	Part Time
How many hours per week?		
Are you able to / do you want to work nights?	Yes	No

Days available to work on a regular basis:

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							
Night							

REFERENCES:	
Minimum 2 references required, one of whom must be your current or most recent employer	
Name:	Position:
Organisation:	Telephone: Email:
Address:	
May we approach this person for a reference?	Yes/No
Name:	Position:
Organisation:	Telephone: Email:
Address:	
May we approach this person for a reference?	Yes/No
Name:	Position:
Organisation:	Telephone: Email:
Address:	
May we approach this person for a reference?	Yes/No

EQUAL OPPORTUNITIES MONITORING FORM:

REHABILITATION AND CRIMINAL RECORDS:

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that all convictions, including those that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding whether to make an appointment. Information will be confidential and considered only in relation to this application. You are also required to submit to a Criminal Records Bureau / Access NI enhanced disclosure. PBL Care complies with the Codes of Practice of the Criminal Records Bureau and Access NI. A copy of the disclosure to which you are subject may be made available to industry regulators or other local or national government departments for audit purposes, in accordance with the code of practice.

Making a false statement or any attempt to conceal information regarding this declaration may lead to the rejection of your application for employment with this company.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any criminal offences?	No	Yes
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If YES, please give details:

DECLARATION

1. I confirm that the information contained in this application form is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition I agree that this information will be retained in my personal file during my employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

3. I agree that should I be successful in this application, I may be required to apply to the Criminal Records Bureau or Access NI for an enhanced disclosure. I understand that should I fail to do so or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed:	Date:
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PBL Care operates a policy of equal opportunities; therefore, we need to be able to check that decisions are not influenced by unfair or unlawful discrimination. To help us to do this we should be grateful if you would complete this short questionnaire. Your answers will be treated with the utmost confidence and will be used only for statistical purposes.

What is your ethnic group? Choose ONE section from A to E, and then circle the appropriate box to indicate your cultural background.

A. White

British

Irish

Any other White background, please write here:

B. Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, please write here:

C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian Background, please write here:

D. Black or Black British

Caribbean

African

Any other Black background

E. Chinese or other Ethnic group

Chinese

Any other, please write here:

DISABILITY

Applicants with disabilities will be invited for interview if the essential job criteria are met. Do you consider yourself to be a person with a disability as described by the disability discrimination act 1995? (i.e. do you consider yourself to be someone who has a physical or mental impairment, which has a substantial and long-term adverse effect on your ability to carry out normal day to day activities?)

YES

NO

SEX:

Male

Female

HEALTH QUESTIONNAIRE:

If the answer is yes to any of the questions in this section, please give full details in the

space provided of the dates, duration and outcome of the illness or condition. If PBL Care has concerns about your fitness to work, any offer of employment may be subject to a satisfactory medical report.

Please note: you must inform your local office immediately if your health changes significantly at any time during your employment.

Have you ever had:	Delete as applicable:	Additional Information:
Tuberculosis, asthma, bronchitis or chest problems?	Yes/No	
Chest pain, heart condition, raised blood pressure?	Yes/No	
Blackouts, fits or attacks of giddiness?	Yes/No	
Depression, mental illness or nervous breakdown?	Yes/No	
Rheumatism or arthritis?	Yes/No	
Back trouble?	Yes/No	
Typhoid, paratyphoid or dysentery?	Yes/No	
Digestive or bowel disease?	Yes/No	
Diabetes, thyroid or other gland trouble?	Yes/No	
Bladder or kidney trouble?	Yes/No	
Dermatitis, eczema or skin trouble?	Yes/No	
Varicose veins?	Yes/No	
Other accident, operation or illness?	Yes/No	
Have you any reason to believe you may be infected with any communicable disease?	Yes/No	
Any other current or recent medical condition or treatment that might affect your attendance at work	Yes/No	
Do you intend to work night duties on a regular basis?	Yes/No	

Any illness or medical condition that prevented you from attending work or your normal duties or activities for more than one week during the past year?	Yes/No	
Any physical impairment, including defect of sight or hearing? If yes, please specify any special needs in relation to your disability?	Yes/No	
Do you smoke?	Yes/No	
Do you drink alcohol?	Yes/No	If yes, how many units of alcohol do you drink per week?
Have you had any of the following vaccinations?	Yes/No	Tuberculosis (BCG), Rubella (German Measles), Tetanus, Hepatitis B