**AIDING INDEPENDENCE LIMITED**

**APPLICATION FOR EMPLOYMENT**

**Please complete in full**

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| --- | --- |
| **Job applied for:** | **Support Worker** |
| **Title and last name/family name:** |  |
| **First names:** |  |
| **D.O.B** |  |
| **General Information About You** | |
| **Home address:** | **Address for communication (if different):** |
| **Telephone no. home:**  **May we contact you here? Yes No** | **Alternative telephone no.**  **May we contact you here? Yes No** |
| **Email address:** | |

**Do you have a full current UK driving license? Yes No**

**Do you have any current endorsements? Yes No**

**If YES please give brief details?**

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**If you are successful, when could you start this job?**

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**Are you aware of any matter, which might call into question your integrity as an employee or bring you or Aiding Independence into disrepute?**

**No Yes If yes please give brief details**

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**EMPLOYMENT**

**Present or most recent employment details.**

**Name and address of employer:**

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| **Job Title:** | **Salary:** |
| **Date Started:** | **Date of leaving (if applicable):** |
| **Main duties and responsibilities:** | |

**PREVIOUS EMPLOYMENT**

**You must explain any gaps in your job history. Please use a separate page if necessary.**

***There must be no unexplained gaps in your application, please include an explanation of any gaps in dates. E.g. periods of unemployment, illness, caring for family.***

**Please give details of all employment:**

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| --- | --- | --- |
| **Name and full address of employer** | **Dates – from - to** | **Job Held**  **brief description of duties and responsibilities** |
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**QUALIFICATIONS ACHIEVED FROM SECONDARY, HIGHER AND/OR FURTHER EDUCATION:**

***There must be no unexplained gaps in your application, please include an explanation of any gaps in dates.***

**Continue on a separate sheet if necessary.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School/College/University attended** | **Qualifications (include GCSE/O levels, A levels or equivalent, NVQ’s, work based courses and any further education** | **Dates of beginning of course** | **Dates of completion/**  **course end** | **Grade Obtained** |
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**Your Health**

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| **Are you in good health? Yes No**  If you have any health conditions that may affect your work please give details here |

**Interests and Hobbies**

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| Please give details of your interests and hobbies |

**Referees**

Please give details of two people to whom you are not related and to whom a request for a reference can be made; one should be your current or most recent employer. In certain circumstances references may be requested from previous employers.

**Reference 1**

|  |  |
| --- | --- |
| Name |  |
| Relationship to you |  |
| Address |  |
| Telephone No |  |
| Email Address |  |
| May we contact prior to interview? Yes No | |

**Reference 2**

|  |  |
| --- | --- |
| Name |  |
| Relationship to you |  |
| Address |  |
| Telephone No |  |
| Email Address |  |
| May we contact prior to interview? Yes No | |

**Criminal Offences**

This post is exempt from the Rehabilitation of Offenders Act 1974 therefore you must disclose details of any spent or unspent cautions or convictions. Appointments will be subject to the candidate obtaining an enhanced disclosure from the Criminal Records Bureau. Also make known details of any police reprimands, cautions or warnings that are likely to be disclosed by the request of an enhanced disclosure from the Criminal Records Bureau.

Have you ever been cautioned, convicted or received a Police Reprimand or Warning?

Yes No

If you have answered Yes to the previous question please give details below.

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**Please give your reasons for applying for this post along with any other information you feel may be relevant.**

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**I understand that any employment will be subject to the information on this form being correct and I can confirm that no valid information has been wilfully withheld. I understand that if I am appointed, I am liable to dismissal without notice if the information on this form is later proved to be inaccurate**.

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| --- | --- |
| **Signature** | **Date** |