

## The Spinney Residential Home Care as it should be

## Job Application Form STRICTLY PRIVATE & CONFIDENTIAL

Title of post applied for:	Job Ref:	

Before completing this form, please read the accompanying guidance notes. Please write clearly in black ink or type.

## Confidential

Surname:				Initials:	
Former surnames if different:		Title Mr/Mrs/Miss etc			
Address:				Tel No (home):	
				Tel No (business):	
				Tel No (mobile):	
				Date of Birth	
E-Mail addres	ss:			Nat. Insurance No:	
Nationality:			-		European Citizen, or you do not K, you will require a work permit.
Do you need a work permit ☐ Yes If you alr			If you already h	ave a work permit, when doe	es it expire?
to be employed in the UK?  No (Pleas			(Please note that	at your current work permit n	nay not be valid for this post.)
Where did you learn of the post?					

Secondary School / College / University	Examinations taken	Result
Secondary School? College? Offiversity	Laminations taken	INESUIL
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Professional Qualifications currently hel	d: how obtained and grade:	
Professional Qualifications currently hel	d: how obtained and grade:	
Professional Qualifications currently hel		

tle of Post:	Salary/Grade:
lame of Employer:	Business of Employer:
Address:	Date Commenced:
	Date Ended (if applicable):
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Please outline your responsibilities, to	whom you are responsible and staff responsible to you (if applicable):
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Please outline your responsibilities, to	

IMPORTANT NOTE: You must provide your FULL employment history (from your first employment to date)

When listing your previous employment you MUST show continuous employment and provide details of any gaps in employment on this application.

You will be questioned at interview on any gaps in your employment history and asked to give any explanation(s).

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(Please use continuation sheet if necessary.) YOU MUST PROVIDE A FULL HISTORY FROM YOUR FIRST JOB TO DATE & ALSO DETAIL ANY GAPS

		JOB TO DATE &	ALSO DETAIL ANY GAPS	
Name & Address of Employer	Date From To (month) (year)	Position held	Reason for leaving	
Description of duties:				
Name & Address of Employer	Date From To (month) (year)	Position held	Reason for leaving	
Description of duties:				
Name & Address of Employer	Date From To	Position held	Reason for leaving	
Description of duties:	(month) (year)			
Name & Address of Employer	Date From To (month) (year)	Position held	Reason for leaving	
Description of duties:			I	

## PREVIOUS EMPLOYMENT - CONTINUED

(Please use continuation sheet if necessary.) YOU MUST PROVIDE A FULL HISTORY FROM YOUR FIRST JOB TO DATE & ALSO DETAIL ANY GAPS

Name & Address of Employer	Date From To (month) (year)	Position held	Reason for leaving
Description of duties:			
Name & Address of Employer	Date From To (month) (year)	Position held	Reason for leaving
Description of duties:			
Name & Address of Employer	Date From To (month) (year)	Position held	Reason for leaving
Description of duties:			
Name & Address of Employer	Date From To (month) (year)	Position held	Reason for leaving
Description of duties:			

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OTHER INFORMATION								
	? (State any po	ositions h	neld you consid	ler releva	ınt.)			
	? (State any po	ositions ł	neld you consid	ler releva	ınt.)			
OTHER INFORMATION hat activities outside work interest you	? (State any po	ositions ł	neld you consid	ler releva	ınt.)			
	? (State any po	ositions f	neld you consid	ler releva	ınt.)			
nat activities outside work interest you	? (State any po		neld you consid			]Yes	□No	
						] Yes	□No	

. REFERENCES				
Referee 1 (LAST EN	IPLOYER)		Referee 2 (CHARA)	CTER REFERENCE)
Title (Mr, Mrs etc):			Title (Mr, Mrs etc):	
Full Name:			Full Name:	
Job Title:			Job Title:	
Organisation:			Organisation:	
Address:			Address:	1
Tel No:			Tel No:	
E-mail address:			E-mail address:	
Fax No:			Fax No:	
Please state if we ma reference prior to inte		☐ Yes ☐ No	Please state if we ma reference prior to inte	
	information on this			te. I understand that if I have I be sufficient grounds for
Signature:			Date:	
Name:				I
The information prov				her on paper records or a processed solely in connection