



POSITION APPLIED FOR:

Job Reference:

*Please complete this Application Form in block capitals in black or blue ink.
Should you require more space please continue on a separate sheet clearly marking the section to which it relates.*

A: PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms/other): _____ Surname: _____ Forename(s): _____

Address: _____ Postcode: _____

Telephone: *Private:* _____ *Business:* _____ *Mobile:* _____

E-mail address: _____ This address is: Personal Work

Do you need a permit to work in the UK? YES: NO:

B: DRIVING RECORD

Do you have regular use of a car? YES: NO: Make / model / year: _____

Current Driving Licence: PROVISIONAL: FULL: PSV: NONE:

Driving Licence valid from: _____ to: _____

Details of current endorsements : _____

Do you have any driving-related prosecutions / fixed penalties / endorsements or similar currently pending? YES: NO:

If "YES" please provide brief details: _____

Have you ever been disqualified from driving? YES: NO:

If "YES" please provide brief details: _____

Have you ever had insurance refused? YES: NO:

If "YES" please provide brief details: _____

C: EDUCATION & PROFESSIONAL TRAINING (from year 11)

Education Centre (school, college etc)	DATES		Qualifications gained
	from	to	

1. Secondary Education (secondary school)

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2. Higher Education (university / college / polytechnic)

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3. Further Education (Professional Training)

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4. Membership of Professional Organisations

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D: LANGUAGES

Languages (other than English) : _____ SPOKEN / FLUENT / WRITTEN / READ
 : _____ SPOKEN / FLUENT / WRITTEN / READ
 : _____ SPOKEN / FLUENT / WRITTEN / READ

E: PERSONAL DBS CERTIFICATES

If the position you are applying for (whether paid or voluntary) is listed in Schedule 1, Part II of the *Rehabilitation of Offenders Act (Exceptions) Order 1975*, we are entitled to ask Exempted Questions as defined by Section 113(5) of the *Police Act 1997* about you. We are required to check a DBS Certificate in relation to any person who is a Care Manager or Care Worker. If your application is successful and before your appointment is confirmed, you will be required to submit a personal current and valid DBS Certificate for our inspection.

Having a criminal record will not necessarily bar you from working with us. This will depend upon the nature of the position and the circumstances and background of your offences. We observe the "Code of Practice for Registered Persons and Other Recipients of Disclosure Information" published through the *Disclosure & Barring Service* on behalf of the Home Office, and we will provide you with a copy of it upon request.

F: EMPLOYMENT HISTORY

Please provide details of all employment, beginning with your present or most recent job first

DATES		Employer	Salary	Position(s) held	Reason for leaving
from	to				

G: VOLUNTARY & COMMUNITY WORK EXPERIENCE

DATES		Organisation	Position(s) held	Duties
from	to			

H: JOB FLEXIBILITY

Prepared to work: FULL-TIME: ____ PART-TIME: ____ SHIFTS: ____

If PART-TIME please indicate preferred hours: _____

Details of any other work which you will continue to undertake if you are offered this Job Position:

Please provide details of any outstanding holidays to be taken:

AVAILABLE TO TAKE UP EMPLOYMENT FROM: _____

I: REFERENCES

Please provide details of 2 referees who we may approach with regards to this Job Application. These referees must not be members of your family, and one must be your present or most recent employer:

1. Name: _____

Address: _____

Telephone Number: _____

Occupation: _____

2. Name: _____

Address: _____

Telephone Number: _____

Occupation: _____

May we contact your referees prior to making a job offer? YES: ____ NO: ____

J: DECLARATION BY JOB APPLICANT

ANY PERSON, UPON SUBSEQUENT EMPLOYMENT, THAT IS FOUND TO HAVE KNOWINGLY SUPPLIED FALSE OR MISLEADING INFORMATION, OR HAS DELIBERATELY WITHHELD RELEVANT INFORMATION, MAY BE SUBJECT TO DISCIPLINARY PROCEEDINGS WHICH MAY RESULT IN DISMISSAL

I have read and understood the information supplied to me in relation to this Job Position, and the information requested in this Job Application Form. I confirm that all information supplied by me is true and correct to the best of my beliefs.

I give the prospective employer the right to follow up all references and to make any other job-related enquiries as may be deemed necessary.

Signature: _____ Date: _____

CORNERSTONE CARE STAFFING SOLUTIONS IS AN EQUAL OPPORTUNITIES EMPLOYER

The sole criterion for selection of applicants will be suitability for the Job Position, regardless of gender, background, culture, ethnic denomination, religious affiliation, marital status or disability.

Data Protection Act 1998: Your signature on this document gives us the right, under the *Data Protection Act 1998* to process the information you have given, including data of a sensitive nature, relating to your application for employment. Any processing of the data by us will be in accordance with our Policy and the processing principles set out in the Act. Application forms of unsuccessful candidates will be destroyed after 6 months in accordance with our Record-keeping Policy.