

Dana Care

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Please fill Application Form in Black Pen

Title: Mr/Mrs/Miss/Ms/Other (Please specify).....

First Name:

Last Name:

Address:.....
.....
..... Post Code:

Have you lived at this address for five years or more? Yes No

If No, then please give details of your previous address:
.....
.....
..... Post Code:

Contact Telephone No: (Day Time)
..... (Evening)

Email Address:

Nationality:

Do you have a valid CRB check: Yes No

If yes please provide us with your CRB no:

National Insurance No:

Position Applied For:

Full Time: Part time:

Date available to start position:

How much notice do you need to give your current employer?

Are there any restriction regarding your employment? Yes No

e.g Do you require a Work Permit? Yes No

If yes, give details

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Do you have a valid driving licence? Yes No

Do you have any endorsements? Yes No

If Yes give details:

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Do you consider yourself to have a disability? Yes No

If Yes, please state nature of disability:

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Do you have any medical problems/conditions that could cause you to be absent from work?

Yes No

If yes, please give details:

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How did you become aware of this vacancy?

- € Local Paper
- € Application held on file
- € Word of Mouth
- € Other

EDUCATION

Please give details of all qualifications achieved . . .

Name of School, College or Education Centre ...	Date Qualification Obtained ...	Qualification ...	Grade Achieved ...

PREVIOUS EMPLOYMENT

Company Name:

Address:.....
.....
..... Post Code:

Name of supervisor:

May we contact your previous employer for a reference: Yes No

Contact Telephone No:

Job Title:

Responsibilities:.....
.....
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From:/...../..... To:/...../.....

Reasons for leaving:

Company Name:

Address:.....
.....
..... Post Code:

Name of supervisor:

May we contact your previous employer for a reference: Yes No

Contact Telephone No:

Job Title:

Responsibilities:.....
.....
.....

From:/...../..... To:/...../.....

Reasons for leaving:

REFERENCES

Please list two/three professional references:

Full Name:

Company Name:

Address:.....
.....
..... **Post Code:**

Contact Telephone No:

Available: Daytime Evening:

Full Name:

Company Name:

Address:.....
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..... **Post Code:**

Contact Telephone No:

Available: Daytime Evening:

Full Name:

Company Name:

Address:.....
.....
..... **Post Code:**

Contact Telephone No:

Available: Daytime Evening:

PLEASE ANSWER THE FOLLOWING . . .

What qualities do you feel you could bring to the company that would make you a good carer?

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Please describe/explain a situation where you have displayed the above qualities in order to help care for an individual?

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As a carer why do you feel it is important for an individual to remain living at home?

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