



Application Form

Position Applied For _____

The following information will be treated in the Strictest Confident

Personal - Please attach passport size photograph

(Please complete this section in BLOCK capitals)

Surname: _____

First Name: _____

Address: _____

Postcode: _____

Home Telephone Number: _____

Mobile Telephone Number: _____

Email Address: _____

National Insurance Number: _____

Date of Birth: _____

Do you have an active subscription to the DBS Update Service (Enhanced DBS Certificate): _____

Yes / No

If **YES**, please give certificate number: _____

Full Driving License: Yes / No

Endorsements:

Yes / No

If **YES**, please give further details including dates _____

Are you involved in any Activity which might limit your availability to work or your working hour's e.g. local government? Yes / No

If **YES**, please give full details:

Are you subject to any restrictions or covenants which might restrict your working activities? Yes / No

If **YES**, please give details:

Are you willing to work overtime if required? Yes / No

Have you any convictions, including both spent and unspent convictions under the Rehabilitation of Offenders Act 1974? Yes / No

If **YES**, please give full details:

If offered employment you will be required to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination before employment if requested? Yes / No

Have you ever worked for Kettonby Care Limited before? Yes / No

If **YES**, please give full details: _____

Have you applied for employment with Kettonby Care Limited before? Yes / No

Do you have a friend or family currently employed by Kettonby Care Limited?
Yes / No

Do you need a work permit to take up employment in the UK? Yes / No

Education

Secondary School	From	To	Examinations & Results
College or University	From	To	Courses and Results
Job Specific Training			

Employment Details:

Please give details of your past employment, excluding your present or last employer, stating the most recent first:

Name and Address of Employer	Dates	Position / Main Duties	Reason for Leaving

(Please use separate sheet of paper if required)

It is a legal requirement for us to obtain any information about gaps in employment from leaving full time education. Please list any gaps in employment and the reason for this.

Present or Last Employer

Are you currently employed: Yes / No

Name of Present or Last Employer: _____

Address: _____

Post Code: _____

Telephone Number: _____

Nature of Business: _____

Job Title: _____

Brief Description of Duties: _____

Reasons for Leaving: _____

Length of Service: From _____ To _____

How much notice are you required to give your current employer?

Are there any outstanding Disciplinary Issues? Yes/No

If **YES** please give full details _____

References

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made?

Yes /No

Name:	Name:
Position:	Position:
Address:	Address:
Telephone Number:	Telephone Number:
Email Address:	Email Address:
Please tick appropriate box Current or last Employer reference <input type="checkbox"/>	Please tick appropriate box Current or last Employer reference <input type="checkbox"/>
or Character Reference <input type="checkbox"/>	or Character Reference <input type="checkbox"/>

Source of Application

How did you hear of this vacancy?

Please return completed application to: Kettonby Care Limited
9 Kettonby Gardens
Headlands, Kettering, Northants, NN15 6BT

Declaration

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by Kettonby Care Limited, for the purposes of ongoing personnel administration and payroll administration in compliance with the Data Protection Act 1998. I undertake to notify Kettonby Care Limited of any changes to the above details.

Given the nature of the job to which I have applied, I understand that any offer of employment will be subject to information on my criminal record being disclosed to Kettonby Care Limited by the Criminal Records Bureau.

Signed: _____

Printed: _____

Date: _____