### WATERVIEW CARE APPLICATION FORM

Position applied for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Available to take up employment (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that current legislation means you would not be able to start work with us until receipt of satisfactory CRB checks (currently taking 1 – 4 weeks)

Full-time:­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ Part-time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shiftwork:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Details:

Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forenames:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode:­­\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

National Insurance No: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Ethnic Origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: Married / Single / Widowed / Divorced / Separated

Do you own a car? YES / NO

Have you a current driving licence? Provisional / Full / No

Please give details of any endorsements:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you in good health? YES / NO

Are there any disabilities which may affect your application? YES / NO

If YES, please describe disabilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you registered disabled? YES / NO If YES, RDP Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Qualifications: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Qualifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By law, we are required to have a **FULL** employment history of all employees on our file. Please can you fill in the following leaving no gaps. If you were unemployed, traveling, recuperating from an illness, at home with children or other please state with dates.

Date of Leaving School: ……………………………………………………………….

|  |
| --- |
| Name and Address of Company/Organisation |
| Dates of employment From: To: |
| Main duties: |
| Reason for leaving: |

|  |
| --- |
| Name and address of Company/Organisation |
| Dates of employment From: To: |
| Main Duties |
| Reason for leaving |

|  |
| --- |
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|  |
| --- |
| Name and address of Company/Organisation |
| Dates of employment From: To: |
| Main Duties |
| Reason for leaving |

*Please continue on plain paper if you require further space.*

Interests and Hobbies …………………………………………………………………….. ………………………………………………………………………………………………

………………………………………………………………………………………………

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Have you ever been convicted of a criminal offence? YES/NO. If YES, please give details.

If you are offered this position will you continue to work elsewhere? YES/NO. If YES, please give details.

Give the full names and addresses of two referees, one should be from your most recent employer:

Referee No. 1

Referee No. 2

Declaration:

I confirm that the information given is correct and understand that any misrepresentation will invalidate this application and, if employed, could lead to my dismissal. I am prepared to undergo a medical examination if required and confirm to the best of my knowledge that there are no medical reasons that would prevent me from undertaking the duties of this post.

Signed…………………………………………………….

Date…………………………………

Please use this page to write a letter in support of your application.

WATERVIEW CARE CONFIDENTIAL MEDICAL QUESTIONNAIRE

Name: Date of birth:

Please complete this questionnaire. As a result of the information given, you may be referred to your G.P. for a medical examination to ascertain your fitness for the duties involved in the post applied for.

|  |  |  |  |
| --- | --- | --- | --- |
| **Please tick no or yes** | **No** | **Yes** | **If yes, please give details:** |
| ***Have you ever suffered from:*** |  |  |  |
| Heart or chest problems |  |  |  |
| Lung or breathing problems |  |  |  |
| Rheumatism or arthritis |  |  |  |
| High blood pressure |  |  |  |
| Frequent headaches |  |  |  |
| Tiredness or weariness |  |  |  |
| Swollen legs or ankles |  |  |  |
| Varicose veins |  |  |  |
| Back or muscolo-skeletal problems in any way |  |  |  |
| Stomach trouble |  |  |  |
| Skin disease |  |  |  |
| Eye trouble |  |  |  |
| Ear trouble |  |  |  |
| Any other ailment |  |  |  |
| ***Have you ever:*** |  |  |  |
| Had an operation |  |  |  |
| Been seriously injured |  |  |  |
| Been made ill by your work |  |  |  |
| Received in patient treatment for a physical or mental health condition |  |  |  |
| Been refused employment, dismissed from employment or left employment for health reasons |  |  |  |
| Been registered disabled |  |  |  |
| Received a disability pension |  |  |  |
| Been refused a drivers licence because of ill health |  |  |  |
| ***Do you:*** |  |  |  |
| Take regular medication |  |  |  |
| Wear glasses, lenses, etc. |  |  |  |
| Wear hearing aids |  |  |  |