

CONFIDENTIAL
APPLICATION FORM FOR EMPLOYMENT



AS _____

A Mr. Surname _____
Mrs. _____
Ms. Forenames _____
Miss. _____
Mx. _____
Address _____

Postcode _____
Date of Birth _____ Tel No _____
Current Driving Licence: YES/NO Endorsements: YES/NO

B EDUCATION AND TRAINING

SCHOOL:	DATES:
QUALIFICATIONS:	
COLLEGES/UNIVERSITY:	DATES:
QUALIFICATIONS:	
OTHER TRAINING:	DATES:

C LEISURE- Please note any sports, hobbies, past times etc:

D EMPLOYMENT HISTORY COVERING THE LAST 10 YEARS THERE MUST BE AN EXPLANATION FOR ANY GAPS.

(Please Commence with most Recent employer)

Dates From-To	Name &Address of Employer	Job Title	Wages Salary	Reason for Leaving

Current Notice Required:

E REFERENCES

Please list names and address of three persons from whom we may obtain both work experience and character references, one of which must be from Management of present or previous employment.

1	NAME OF EMPLOYER
ADDRESS	
RELATIONSHIP	
TELEPHONE NO.	
EMAIL	
2	NAME OF EMPLOYER
ADDRESS	
RELATIONSHIP	
TELEPHONE NO.	
EMAIL	
3	NAME OF EMPLOYER
ADDRESS	
RELATIONSHIP	
TELEPHONE NO.	
EMAIL	

F HEALTH DETAILS

Do you have a mental or physical disability

YES

NO

If **YES** please give details

What adjustments (if any) need to be made to the working environment to accommodate your disability?

Please give details of all absences from work in the last 12 months

G GENERAL COMMENTS

You May Wish to set out Below the principal reason for your application for your highlights main achievement to date and the strengths you would bring to this post. Continue on a separate sheet if necessary.

H CRIMINAL RECORD

The provisions relating to the non-disclosure of criminal convictions do not apply to the position you are applying for. You must therefore disclose any criminal convictions even if under the Rehabilitation of Offenders Act 1974 they would otherwise be regarded spent.

Have you been Convicted of a criminal offence at any time?

YES

NO

If yes, please Give details of the conviction(s) and the date(s)

I DATA PROTECTION NOTIFICATION

The information you have provided in completing this application form will be used to process your application for employment, The Company will Keep the information you have supplied confidential and will not divulge it to third parties, except where required by law, or where we have retained the services of a third-party representative to act on your/our behalf.

AUTHORISATION: I have read the Data Protection notification and understand and agree to the use of my personal data in accordance with the Data Protection Act 2018 & GDPR.

Signed: _____ Date: _____

J

I also confirm that I am legally entitled to work in the United Kingdom and if interviewed will produce one of the following documents from the list below:-

a UK Passport
a EU Passport
a UK residence permit issued by the Home Office
an application registration card issued by the Home Office to an asylum seeker the holder is permitted to take up employment

or two of the following:-
an official document bearing a national insurance number along with:
a birth certificate or
a letter from the Home Office, or
a immigration status document

a work permit along with:-
a passport, or
a letter from the Home Office.

In either case, these must confirm the holder has permission to enter or remain in the UK and take the work permit employment in question.

Signed: _____ Date: _____

K

I confirm that the above information is correct and that any false or misleading information will give my employer the right to terminate any employment contracted offered.

Signed: _____ Date: _____

AGREEMENT FOR REFUND OF TRAINING FEES/COSTS

This agreement is dated: _____

Between North East Care Homes Ltd

And: _____ (the Applicant)

This agreement forms an express written term of the employee's Contract of Employment in compliance with Employment Rights Act 1996, Part II, Section 13 Protection of Wages.

It is agreed that due to the high costs involved with training, the Company needs to protect its investment. Therefore, the following terms will apply in the event of the employee's employment termination, for whatever reason (excluding redundancy) within two years of any training fees/costs having being incurred and/or paid for by the Company.

<u>EMPLOYMENT ENDING:</u>	<u>PERCENTAGE OF PAYMENT</u>
If employment is terminated within 6 months of training fees/costs having been incurred by the Company	100% OF TRAINING FEES/COSTS
If the employment is terminated after 6 months but within 12 months of training fees/costs having been incurred by the Company.	75% OF TRAINING FEES/COSTS
If employment is terminated after 12 months but within 18 months of training fees/costs having been incurred by the Company.	50% OF TRAINING FEES/COSTS
If employment is terminated after 18 months but within 24 months of training fees/costs having been incurred by the Company.	25% OF TRAINING FEES/COSTS

Upon Completion of 24 months service following payment of fees/costs incurred by the company there will be no claim for reimbursement.

Under the provision of this agreement, the company reserves the right to deduct the above monies from any monies due to the employee, at the time their employment is terminated.

If insufficient funds are due at the date employment is terminated to meet reimbursement of training costs, all outstanding monies will become due and payable. However, at its discretion the company may agree a repayment scheme with employee to take account of the outstanding balance of training cost due.

Signed: _____ (Applicant) Date: _____

N.B. COSTS WITHIN THE CONTEXT OF THIS AGREEMENT EXCLUDE ANY WAGES PAID.

EQUAL OPPORTUNITY

We have to be an equal opportunity employer, and our policy on this important subject is contained within our Employee Handbook. Our policy is so Designed to ensure that none of our employees Handbook, our policy is so designed to ensure that none of our treatment as a result of sex, disability, marital status, colour. Race, creed or ethnic origin Equally we aim to ensure that no such employee is disadvantaged by terms and conditions of employment which cannot be justified.

In order That we can monitor the effectiveness of our policy and subsequent actions, we need to monitor the sex and ethnic origins of our employees, and to this end we ask for your co-operation in providing the following information: (Please tick the appropriate box). If you do not wish to complete this for you are not obliged to do so.

SEX:	MALE	FEMALE
OTHER (PLEASE SPECIFY):	_____	

WHITE	BLACK-CARRIBBEAN	BLACK-AFRICAN
BLACK-OTHER	(PLEASE SPECIFY) _____	
INDIAN	PAKISTANI	BANGLADESHI
CHINESE		
OTHER	(PLEASE SPECIFY) _____	

AGE:				
UNDER 25	25-45	45-55	55-65	OVER 65

NATIONALITY: _____

SIGNED: _____

PRINT NAME: _____

DATE: _____

WORKING TIME REGULATIONS
INDIVIDUAL OPT-OUT AGREEMENT

Individual agreement to Opt-Out Regulations 4(1) of the Working Time Regulations 1998 about Maximum Average Weekly Working Time.

I _____ agree that the limit in Regulation 4(1) of the Working Time Regulations 1998 shall not apply to me and that my average working time may therefore exceed 48 hours for each seven-day period (as defined by and calculated in accordance with Working Time Regulations 1998).

This agreement shall apply from (Date) _____

I agree that I will comply with any and all of the company's arrangements, from time to time in force, which relate to its maintenance of records of my hours of work.

This agreement can be terminated by me giving three months' notice in writing to my Manager.

Signed: _____ Dated: _____

RECOVERY OF DISCLOSURE FEE

I _____ certify that I am liable to pay the fee of £32.00 towards a police check (DBS) of my records, which must be completed before I am given a start date.

I understand that this must be paid up front to Stainton Way Care Home. If I do leave Stainton Way Care Home within 6 months of employment I must repay the homes £32.00 contribution to my DBS.

NAME:

DATE:

SIGNATURE: _____

I confirm that all Fields have been signed and dated and that I confirm that, to the best of my knowledge, the information I have given on this form is correct.

I am also aware that if any Fields have not been signed and dated that North East Care Homes Ltd will not proceed with my Application.

Signed: _____ Dated: _____