

**SUSSEX HOMECARE (MID SUSSEX) LTD**

**3 KEMPS  
HURSTPIERPOINT  
HASOCKS  
WEST SUSSEX  
BN6 9UE  
TEL: 01273 831188**

**APPLICATION FORM**

PRIVATE AND CONFIDENTIAL

POSITION APPLIED FOR.....		
SURNAME	FORENAME (S)	TITLE
ADDRESS		
NATIONAL INSURANCE NUMBER		
DATE OF BIRTH	TELEPHONE NUMBER	
CURRENT DRIVING LICENCE  YES / NO	DETAILS OF ENDORSEMENTS ..... .....	

**EDUCATION HISTORY**

SCHOOLS / COLLAGES	QUALIFICATIONS GAINED

**REFERENCES**

PLEASE NOTE HERE THE NAMES AND ADDRESSES OF THREE PERSONS FROM WHOM WE MAY OBTAIN CHARACTER AND WORK EXPERIENCE REFERENCES. PLEASE ENTER FULL ADDRESS AND POST CODE.

<u>PRESENT OR LAST EMPLOYER</u>		

# EMPLOYMENT HISTORY----- LAST FIVE YEARS

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FROM - TO	NAME & ADDRESS OF EMPLOYER	JOB TITLE	DUTIES	RATE OF PAY	REASON FOR LEAVING

## LEISURE

PLEASE NOTE HERE YOUR LEISURE INTERESTS, SPORTS AND HOBBIES, OTHER PASTIMES ETC.

## CRIMINAL RECORD

PLEASE NOTE ANY CRIMINAL CONVICTIONS EXCEPT THOSE 'SPENT' UNDER THE REHABILITATION ACT 1974. IF NONE PLEASE STATE.

## HEALTH DETAILS

ARE YOU DISABLED YES/ NO .IF YES, PLEASE GIVE DETAILS AND SPECIFY ANY SPECIAL NEEDS IN RELATION TO YOUR DISABILITY.

PLEASE LIST ANY DISEASES, DISORDERS, ALLERGIES, MUSCULAR OR MUSCULAR SKELETAL INJURIES FROM WHICH YOU HAVE SUFFERED OR DO SUFFER.

PLEASE DETAIL ANY FORM OF MEDICINE , DRUGS OR TREATMENT YOU ARE CURRENTLY AND OR REGULARLY RECEIVING.

PLEASE LIST ALL ABSENCES FROM WORK IN THE PAST 12 MONTHS AND THE REASON FOR SUCH ABSENCES.

PLEASE GIVE DETAILS OF YOUR AVAILABILITY (PREFERED WORKING DAYS/HOURS)

## DECLARATION

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(PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION FORM)

1 ) I CONFIRM THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT AND THAT ANY UNTRUE OR MISLEADING INFORMATION WILL GIVE MY EMPLOYER THR RIGHT TO TERMINATE ANY EMPLOYMENT CONTRACT OFFERED.

2 ) SHOULD WE REQUIRE FURTHER INFORMATION AND WISH TO CONTACT YOUR DOCTOR WITH A VIEW TO OBTAINING A MEDICAL REPORT , THE LAW REQUIRES US TO INFORM YOU OF OUR INTENTION AND OBTAIN YOUR PERMISSION PRIOR TO CONTACTING YOUR DOCTOR.

3 ) I AGREE THAT THE ORGANISATION RESERVES THE RIGHT TO REQUIRE ME TO UNDERGO A MEDICAL EXAMINATION.

SIGNED.....

DATE.....

## FOR OFFICIAL USE ONLY

INTERVIEW DATE :

OFFER LETTER : Y/N

REJECTION LETTER : Y/N

ACCEPTANCE LETTER : Y/N

REFERENCES : Y/N

MEDICAL : Y/N

PASS TO ADMIN :

DEAD FILE / NEW FILE.