



Application Form

Please complete ALL sections of the form

Post Title: _____

1. Personal Details

Surname: _____ [Mr/Mrs/Miss/Ms/]

First Name(s): _____ Date of Birth: _____

Have you ever been known by any other names: If so, please give details: _____

Address: _____

_____ Postcode: _____

Telephone Number (Home): _____

Telephone Number (Mobile): _____ May we telephone you at work? YES/NO?

National Insurance Number _____

Updated DBS services check: Yes/No if yes provide DBS number: _____

Do you have a current full driving license: YES/NO? Do you have your own transport: YES/NO?

Dates not available for interview: _____

2. Referees

All offers of employment are subject to receipt of written references. Please provide details of two referees, one of whom must be your present or most recent employer (this should be your manager/ supervisor). If you have not been in employment then academic references are required. Romis Care Services will not accept references from personal friends or relatives or work colleagues.

	Referee 1 (Current/most recent employer)	Referee 2
Name		
Job Title of Referee		
Company Name		
Address		



<i>Telephone Number</i>		
<i>E-mail</i>		

May we contact your referees prior to job offer: YES/NO? Referee 1 _____ Referee2 _____

3. Education and Training

Please list your qualifications in reverse order, starting with the most recent first. Also include any training that you have received which did not lead to a qualification but which you feel is relevant to the post.

Professional Qualifications.

Date Obtained	Place of study & address	Examination taken & grades

Other Qualifications

Please give details of any other qualifications obtained or relevant courses attended.

Date Obtained	Place of study & Address	Examinations taken & grades



NB: If short-listed for interview, please be prepared to bring original copies of any certificates relating to post school qualifications or vocational qualifications.

4. Work Experience.

Please give details of your current or most recent employment:

Name & Address of employer:	Work Base (If different):
Telephone Number:	Telephone Number (if different):
Job Title:	Salary:
Date from:	Date to:

If currently employed how much notice are you required to give? _____ (weeks).

Main Duties and responsibilities:
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Reason for leaving/seeking new employment:



Voluntary Work

Please give details of any voluntary work undertaken:

5. Employment History.

Please give summary details of your previous employment beginning with the most recent. Please ensure you include all part-time and temporary positions held, even those that are not relevant to your application. Explain any Gaps.

From/ To Month/Year	Job Title	Name of Employer	Reason for leaving



Explain any Gaps in Employment.

Please explain any Gaps or What you did during when not in employment including dates:

6. Statement of Suitability.

Please use this section to describe how you meet the criteria for the job as set out in the Person Specification. This may have been gained from your current or previous jobs, temporary or voluntary work or personal experience. Please give specific examples wherever possible and only use the space provided.



7. General Information.

Disability & Discrimination Act 1995:

Please indicate any reasonable adjustments that you may need (due to any physical and/or mental impairment) to the recruitment and selection process or to the job you are applying for. (Disability & Discrimination Act 1995).

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Disclosure:

If your application is successful, you will be required to apply to the **Disclosure and Barring Service (DBS)** for an **enhanced level disclosure**. All applicants who are offered employment will be subject to this Criminal Records Check before their appointment is confirmed. This check will include details of cautions, reprimands or final warnings, as well as convictions. The company requires all staff to have an updated services DBS check.

I understand that if my application is successful, I will be required to apply for an Enhanced Level Disclosure and agree to present Romis Care Services with the part completed Disclosure application to countersign and complete.

SIGNATURE: **DATE:**

Declaration of Criminal Offences.

Do you have / or have you ever had any Criminal Conviction(s) YES [] NO []

If yes please give details below:

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I certify that the information I have given in this form is correct to the best of my knowledge. I consent to Romis Care Services checking any information that I am unable to verify personally, where an offer of employment is being considered.

SIGNATURE.....**DATE:**.....

<p>FOR OFFICIAL USE: Interview Results:</p>	<p>Comments:</p>
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ROMIS Care Services is an equal opportunity employer; all information provided is protected under the Data Protection Act.