

EMPLOYMENT HISTORY
(Beginning with your most recent employer)

From/ To	Name & address of Employer	Job Title	Duties	Rate of Pay	Reason for Leaving

Notice period required with current employer:

LEISURE

Please give details of your leisure interests, sports and hobbies and other pastimes.

REFERENCES

Please give details of two people from whom we may obtain a work experience reference.

1	Name and Position:
	Company Name:
	Telephone Number (s):
	Email Address:
2	Name and Position:
	Company Name:
	Telephone Number (s):
	Email Address:

CRIMINAL RECORD

Please give details of any criminal convictions except those spent under the Rehabilitation of Offenders Act 1974.

For the purpose of this post you are required to provide this information.

DISCLOSURE & BARRING SERVICE (DBS) – DISCLOSURE DOCUMENT

Any position which requires, as part of normal duties, caring for, training, supervising or being in sole charge of children or vulnerable adults will require a Disclosure & Barring Service (DBS) check to be undertaken and provision of a suitable disclosure document.

The Protection of Children Act and the Protection of Vulnerable Adults Act will apply in this case.

Please confirm your acceptance of this check by signing below.

For the purpose of this post all successful applicants are required to undertake a DBS check. You must, therefore, sign below.

Signed: Date:

HEALTH DETAILS		
Doctor's Name and Address:		
Please list any diseases, disorders or allergies from which you have suffered or do suffer		
Are you afraid of heights or confined spaces? If so please give details.		
Please give details of any medication you are currently and/or regularly receiving		
Please list all absences from work in the past 12 months and the reasons for such absences		
Do you have any disabilities that might affect your application?	Yes	No
If YES, please tell us if:		
a. There are any reasonable adjustments we can make to assist you in your application		
b. There are any reasonable adjustments we can make to the job itself to help you carry it out		

PROOF OF ELIGIBILITY

Under Section 8 of the Immigration Act we are required to check that all employees are eligible to work within the UK.

Please confirm that, if you are offered a position within our organisation, which of the document(s) you would be prepared to supply to us and allow us to check and make a copy.

You **MUST** include either:

- a) One document from List One **OR**
 b) Two documents from one of the Combinations in List Two

(Place a tick in the appropriate boxes – DO NOT SEND DOCUMENTS AT THIS TIME)

LIST 1 – ONE DOCUMENT ONLY	<i>Please Tick</i>
• A British Citizen passport.	
• A passport or national identity card issued by a State which is a party to the EEAA (European Economic Area Agreement) or Switzerland, describing the holder as a national of that State.	
• A Home Office issued residence permit to a national from a State which is a party to the EEAA or Switzerland.	
• A passport or other document endorsed and issued by the Home Office stating that the holder has a current right of residence in the United Kingdom as the family member of a named national of a State party to the EEAA or Switzerland who is resident in the United Kingdom.	
• A passport or other travel document endorsed showing the holders entitlement to indefinite stay in the United Kingdom, or no restrictions on the length of stay.	
• A passport or other travel document endorsed to show that the holder can stay in the United Kingdom; and that this endorsement allows the holder to do type of work you are offering if they do not have a work permit.	
• A Home Office issued Application Registration Card for the asylum seeker stating that the holder is permitted to take employment.	

OR ALTERNATIVELY

LIST 2 – COMBINATION A. DOCUMENT 1, PLUS ONE FROM THE OTHER SEVEN:	<i>Please Tick</i>
1. A document giving the person's permanent National Insurance Number and name. This could be: P45, P60, National Insurance Card, or a letter from a Government Agency. PLUS	
2. A full Birth Certificate issued in the United Kingdom, which must include the names of the holder's parents.	
3. A Channel Islands, Isle of Man or Ireland issued Birth Certificate.	
4. A Registration or Naturalisation Certificate confirming the holder is a British Citizen.	
5. A Home Office issued letter to the holder confirming that the named person is entitled to indefinite stay in the United Kingdom or has no time restriction on their stay.	
6. A Home Office issued Immigration Status Document to the holder, which is endorsed confirming the named person is entitled to indefinite stay in the United Kingdom, or has no time restriction on their stay.	
7. A Home Office issued letter to the holder confirming that the named person is entitled to stay in the United Kingdom, and this allows them to undertake the type of work you are offering.	
8. A Home Office issued Immigration Status Document to the holder, which is endorsed confirming the named person is entitled to stay in the United Kingdom, and this allows them to undertake the type of work you are offering.	

PROOF OF ELIGIBILITY (continued)

OR ALTERNATIVELY

LIST 2 - COMBINATION B. DOCUMENT 1, PLUS ONE FROM THE OTHER TWO	<i>Please Tick</i>
1. Work Permit or other approval to take employment issued by Work Permits UK	
2. Passport or other travel document endorsed, showing the holders entitlement to stay in the United Kingdom and can take the work permit employment in question.	
3. A Home Office issued letter to the holder confirming that the named person is entitled to stay in the United Kingdom and can take the work permit employment in question.	

DECLARATION (Please read this carefully before signing the application)	
<p><i>Any offer of appointment may be withdrawn if you knowingly withhold information or provide false or misleading information. IF YOUR APPLICATION IS SUCCESSFUL, YOUR EMPLOYMENT MAY BE TERMINATED SHOULD ANY SUBSEQUENT INFORMATION COME TO LIGHT ONCE YOU HAVE BEEN APPOINTED.</i></p>	
I authorise you to contact my doctor for further details and confirmation of my state of health	
I agree to undergo a medical examination if you require this	
I authorise you to contact the above two stated referees	
Signed:	Dated:

Please return completed forms to:

**Debbie Tipper, PA to the Directors
Care First Management Services Limited
Unit 3, Great Barr Business Park, Baltimore Road
Great Barr, Birmingham, B42 1DY**

Tel: 0121 308 6555

Email: debbietipper@carefirstltd.co.uk

FOR OFFICE USE ONLY

NAME OF APPLICANT:

POSITION APPLIED FOR:

Rejection letter – Yes : No

If yes – date sent:

Reasons for rejection /acceptance for interview:

First interview date:

Rejection letter 2nd Interview

Notes on First interview:

Second interview date:

Rejection Letter Offer letter

Notes on Second interview:

Acceptance	YES		NO	
Proof of Eligibility of UK Employment – Doc 1			<i>Checked</i>	<i>Copied</i>
Proof of Eligibility of UK Employment – Doc 2			<i>Checked</i>	<i>Copied</i>
References	YES		NO	
Medical	YES		NO	
DBS Clearance	Yes	No	If 'Yes' confirm receipt of suitable Disclosure Document	Received
Start Date				