



**Absolute**  
CARE SOLUTIONS

## **APPLICATION FOR EMPLOYMENT**

**PLEASE COMPLETE USING BLACK INK AND WRITE IN BLOCK CAPITALS**

All information disclosed in this application form is strictly subject to the DATA PROTECTION ACT 1998 subject to any relevant amendments.

**Position applied for ?** \_\_\_\_\_

**How did you hear of this vacancy?** \_\_\_\_\_

### **PERSONAL DETAILS**

**Surname** \_\_\_\_\_ **Title** \_\_\_\_\_

**First name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Town** \_\_\_\_\_ **Postcode** \_\_\_\_\_

 \_\_\_\_\_ **Mobile** \_\_\_\_\_ **National Insurance Number** \_\_\_\_\_

**Do you hold a full UK Driving Licence?** Yes [ ] No [ ]

**If yes, do you have access to a vehicle?** Yes [ ] No [ ]

**Are you eligible to work in the UK?** Yes [ ] No [ ]

### **EMERGENCY CONTACT DETAILS**

**Print Name** \_\_\_\_\_  \_\_\_\_\_

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

### **PRESENT/LAST EMPLOYMENT**

**Company Name** \_\_\_\_\_  \_\_\_\_\_

**Address** \_\_\_\_\_

**Town** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Date Start** \_\_\_\_\_ **Date Left** \_\_\_\_\_ **Salary £** \_\_\_\_\_

**Reason for Leaving?** \_\_\_\_\_

**What were your duties/Responsibilities?** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

PLEASE DETAIL BELOW YOUR WORK/CAREER EXPERIENCE TO DATE. START WITH YOUR MOST CURRENT EMPLOYMENT. YOU MAY CONTINUE ON A SEPARATE SHEET IF YOU WISH. PLEASE NOTE THAT IN LINE WITH THE NATIONAL CARE STANDARDS ACT 2000 YOU ARE REQUIRED TO PROVIDE FULL INFORMATION UP THE PRESENT DAY. IF YOU WERE NOT EMPLOYED AT ANY TIME PLEASE STATE THE DETAILS.

| <b>START DATE</b> | <b>NAME AND ADDRESS EMPLOYER</b> | <b>JOB TITLE AND BRIEF DETAILS OF YOUR RESPONSIBILITIES</b> | <b>END DATE</b> | <b>REASON FOR LEAVING</b> |
|-------------------|----------------------------------|-------------------------------------------------------------|-----------------|---------------------------|
|                   |                                  |                                                             |                 |                           |
|                   |                                  |                                                             |                 |                           |
|                   |                                  |                                                             |                 |                           |
|                   |                                  |                                                             |                 |                           |
|                   |                                  |                                                             |                 |                           |
|                   |                                  |                                                             |                 |                           |
|                   |                                  |                                                             |                 |                           |

CONTINUE ON A SEPARATE PIECE OF PAPER IF NEEDED

**I AM SENDING MY CV WITH THIS APPLICATION FORM      YES [ ]      NO [ ]**

**EDUCATION AND TRAINING**

PLEASE LIST BELOW YOUR SCHOOLING AND ANY FURTHER EDUCATION OR TRAINING YOU HAVE UNDERTAKEN, TOGETHER WITH THE GRADES OBTAINED.

| <b>SCHOOL/COLLEGE UNIVERSITY</b> | <b>LOCATION</b> | <b>FROM / TO DATES</b> | <b>QUALIFICATIONS / GRADES OBTAINED</b> |
|----------------------------------|-----------------|------------------------|-----------------------------------------|
|                                  |                 |                        |                                         |
|                                  |                 |                        |                                         |
|                                  |                 |                        |                                         |
|                                  |                 |                        |                                         |
|                                  |                 |                        |                                         |
|                                  |                 |                        |                                         |

CONTINUE ON A SEPARATE PIECE OF PAPER IF NEEDED

**What are your Hobbies/Interests?**

---

---

**Supporting Information**

PLEASE EXPRESS YOUR REASONS IN APPLYING FOR THIS POSITION. DETAIL ANY RELEVANT EXPERIENCE YOU MAY HAVE IN THIS FIELD OF WORK, TOGETHER WITH ANY ADDITIONAL INFORMATION YOU MAY WISH TO DRAW TO OUR ATTENTION TO SUPPORT YOUR APPLICATION.

**ABSOLUTE CARE SOLUTIONS LTD ARE AN EQUAL OPPORTUNITIES  
EMPLOYER**

**EQUAL OPPORTUNITIES POLICY**

TO ENABLE US TO MONITOR THE EFFECTIVENESS OF OUR EQUAL OPPORTUNITIES POLICY WE ASK THAT APPLICANTS COMPLETE THE SECTION BELOW. IF YOU DO NOT WISH TO DO SO, HOWEVER, IT WILL NOT ADVERSELY AFFECT OUR CONSIDERATION OF THIS APPLICATION.

**What is your Gender?** **FEMALE** [ ] **MALE** [ ]  
**Do you have a Disability ?** **YES** [ ] **NO** [ ]

**If you have a disability, please give brief details** \_\_\_\_\_

**Religion (if any)?** \_\_\_\_\_

**ETHNIC ORIGIN**

Place a tick in the box that matches your ethnicity

|                       |                          |                   |                          |                               |                          |
|-----------------------|--------------------------|-------------------|--------------------------|-------------------------------|--------------------------|
| <b>AFRO-CARIBBEAN</b> | <input type="checkbox"/> | <b>MIXED RACE</b> | <input type="checkbox"/> | <b>OTHER (PLEASE SPECIFY)</b> | <input type="checkbox"/> |
| <b>WHITE UK</b>       | <input type="checkbox"/> | <b>AFRICAN</b>    | <input type="checkbox"/> |                               | <input type="checkbox"/> |
| <b>WHITE IRISH</b>    | <input type="checkbox"/> | <b>PAKISTANI</b>  | <input type="checkbox"/> |                               | <input type="checkbox"/> |
| <b>INDIAN</b>         | <input type="checkbox"/> | <b>KASHMIRI</b>   | <input type="checkbox"/> |                               | <input type="checkbox"/> |
| <b>CHINESE</b>        | <input type="checkbox"/> | <b>VIETNAMESE</b> | <input type="checkbox"/> |                               | <input type="checkbox"/> |
| <b>BANGLADESHI</b>    | <input type="checkbox"/> |                   | <input type="checkbox"/> |                               | <input type="checkbox"/> |

**CRIMINAL RECORDS CHECK**

The Care Standards Act 2000 requires that all employees have a clear Vulnerable Adults, Children & Police Check. The information contained in this check will be registered with the Criminal Records Bureau. If offered the position, the check will be organised by us but a charge to do this will have to be paid by you. This will be discussed with you during your interview. The CRB Check will have to be validated every three years, the charge for which will have to be paid by you. This will still apply even if you already possess an up to date CRB clearance and you must bring it to the interview.

**EXEMPTION FROM THE REHABILITATION OF OFFENDERS ACT 1974**

THE NATURE OF THE WORK WHICH YOU ARE REGISTERING FOR IS EXEMPT FROM THE PROVISIONS OF THE REHABILITATION OF OFFENDERS ACT 1974 BY VIRTUE OF THE REHABILITATION OF OFFENDERS (EXCEPTION) ORDER 1975. ACCORDINDGLY, IT IS A REQUIREMENT THAT ALL PREVIOUS CONVICTIONS AND/OR CAUTIONS ARE DECLARED, EVEN THOSE WHICH WOULD OTHERWISE BE REGARDED AS "SPENT".

DETAILS OF ANY CONVICTIONS AND OR CAUTIONS MUST BE RECORDED ON THIS REGISTRATION FORM. ANY SUCH INFORMATION GIVEN WILL BE TREATED CONFIDENTIALLY AND CONSIDERED ONLY IN RELATION TO THIS APPLICATION FOR REGISTRATION. IN THE EVENT OF AN APPOINTMENT BEING OFFERED ANY FAILURE TO DISCLOSE SUCH CONVICTIONS OR CAUTIONS COULD RESULT IN DISCIPLINARY ACTION OR DISMISSAL FROM THE COMPANY.



**DETAIL ANY CRIMINAL CONVICTIONS OR CAUTIONS (IF NO CRIMINAL CONVICTIONS OR CAUTIONS WRITE "NONE")**. YOU MAY CONTINUE ON AN ADDITIONAL SHEET OF PAPER IF NECESSARY OR YOU CAN WRITE DIRECTLY TO THE HEAD OF HR, AUDIT AND COMPLIANCE WITH DETAILS.

## **JOB FLEXABILITY**

**Prepared to work:**    Early Mornings [ ]    Days [ ]    Nights [ ]

## **REFEREES**

PLEASE GIVE FULL DETAILS OF TWO REFEREES; WE WILL OBTAIN A REFERENCE FROM YOUR MOST RECENT EMPLOYER AS STATED ON PAGE 1. **RELATIVES ARE NOT ACCEPTABLE**. REFERENCES MUST BE FROM PROFESSIONAL PERSONS, E.G. CURRENT/PREVIOUS EMPLOYER, COLLEGE OR UNIVERSITY.

|                                                                                         |                                                                                         |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <b>1. NAME</b> _____                                                                    | <b>2. NAME</b> _____                                                                    |
| <b>ADDRESS</b> _____<br>_____                                                           | <b>ADDRESS</b> _____<br>_____                                                           |
| <b>TOWN</b> _____                                                                       | <b>TOWN</b> _____                                                                       |
| <b>POSTCODE</b> _____                                                                   | <b>POSTCODE</b> _____                                                                   |
|  _____ |  _____ |
| <b>Fax</b> _____                                                                        | <b>Fax</b> _____                                                                        |
| <b>JOB TITLE</b> _____                                                                  | <b>JOB TITLE</b> _____                                                                  |

## **DECLARATION**

PLEASE SIGN AND DATE BELOW TO CONFIRM THAT YOU HAVE READ AND UNDERSTOOD THE DECLARATION. THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF ANY PART IS FOUND TO BE UNTRUE IT WILL BE CONSIDERED AS BREACH OF CONTRACT AND MAY WARRANT SUMMARY DISMISSAL.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Please Send All Applications To**

**Absolute Care Solution's Ltd -  
45 Retreat St  
Wolverhampton  
West Midland's  
WV3 0JF**