RAVENSWORTH CARE HOME LIMITED
CARING FOR THE COMMUNITY

This company is an equal opportunities employer. The aim of this policy is to ensure that the job applicant or employee receives favourable treatment on the grounds of sex, special needs, martial status, creed, colour disability, race or ethnic origin or is disadvantaged by conditions or requirements which cannot shown to be justified.

Title of the job you are applying for

Mr……..Mrs……..Miss…….Ms……Other……..

Single Married Separated Divorced Widow Widower

Christian name……Surname……..

Date of Birth……

Current
Address…….....

.....

.....

.....Post Code……..

Telephone Number……Mobile……...

Number of children……..Ages……

Number of days off sick last year…….

If more than five days please state reason.

……
…….

<u>This information will be checked on reference requests.</u>

Qualifications

Date	College	Qualification Attained	Grade

Current/Last employer

Name of Company……
Address……..…
…….....
Supervisor/manager…….
Telephone Number…….Ext……

Nature of Business…….

Job Title……

Length of service……..

Date of leaving……Notice required……

Reason for leaving……

……..

.....

What is the earliest date you could commence work for Ravensworth Care Home Limited.
……

Do you currently have any holidays confirmed or planned, please give dates:
……..
…….....

Other Previous Employment

Start Date	Leave Date	Company Address	Job Title	Reason for Leaving

Second Reference

Please supply one further previous employer who is willing to provide a reference for you.

Name…….Position/Title…….

Address…….

……..

……..Post code……

Telephone Number……...

Having a Criminal Record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and background of your offences.

Please supply details of any convictions you may have.

Date……..Conviction……
……
……
……
……

Have you completed a criminal records disclosure?.....

Because of the nature of the work involved this post is exempt from provisions of the Rehabilitation of offenders Act. Your entitlement to withhold any information, which for the other purposes is 'spent' does not therefore apply. Please give details of any convictions above. Failure to disclose convictions could lead to dismissal. Ant disclosure will be treated in strict confidence, and will be considered only in relation to this application. As a trust, Ravensworth Care Home complies with the CRB code of practice and undertakes to treat all applicants for positions fairly. It undertakes not to discriminate unfairly against any subject of a disclosure on the basic of conviction or other information revealed.

I confirm that the information I have given on this form is true and accurate.

Signed…….Date…….

RAVENSWORTH CARE HOME LIMITED

Please answer the following medical questionnaire.

Are you aware of any medical or physical factors which as an employer we might need to take into consideration should we choose to employ you? If yes please give details.

……
……
……
……..

Are you a smoker?.....YES……NO……

Please circle any of the listed health problems that affect you or for which you have received medical attention at any time.

Asthma,	Back related problems
Osteo-arthritis	Arthritis
Drug addiction	Depression
Epilepsy	Sports Injury
Tuberculosis	Skin problems
Alcoholism	Heart related problems
Diabetes	Headaches
Migraine	Mental Illness
Rubella	Other-please specify

Please state dates of vaccinations;

Rubella……TB……Hepatitis B……

I confirm that the information I have given on this form is true and accurate.

Signed…….Dated…….