

# **APPLICATION FOR EMPLOYMENT**

**PRIVATE & CONFIDENTIAL**

Position Applied For.....

Where did you hear about this vacancy? .....

.....

For all vacancies, please return this form to:

**Seton Care Ltd  
William Elder Building  
56-58 Castlegate  
Berwick Upon Tweed  
TD15 1JT**

SURNAME .....

INITIALS ..... TEL (home) .....

HOME ADDRESS ..... TEL (mobile) .....

..... TEL (work) .....

..... May we contact you at work YES/NO

.....

POST CODE ..... E-MAIL ADDRESS .....

If selected for interview, do you have any special requirements which we should be aware of? YES/NO  
If yes, please specify below:

## Education

### GENERAL EDUCATION – Please list any qualifications obtained

Level	Subjects Studied	Grade

### FURTHER EDUCATION, PROFESSIONAL QUALIFICATIONS, MEMBERSHIP OR REGISTRATION

Professional Body	Qualifications/Grade/Membership/ NMC/ SSSC/ ISA Registration	Expiry/Renewal Date	Registration/ Membership Number

### COURSES ATTENDED

Title	Where Held	Date

# Employment

## PRESENT OR MOST RECENT EMPLOYER

We do not appoint without two current references. We would advise you to discuss this application with your referees to ensure a prompt response. Your current employer will be asked about disciplinary/conduct offences/actions taken relating to vulnerable adults.

Employers Name ..... Position Held .....

Address ..... Department .....

..... Present Grade/Salary .....

..... Post Code ..... Date Appointed .....

Telephone No ..... Date Left .....

Fax No ..... Period of Notice .....

E Mail .....

Name and job title of Manager/Supervisor .....

If you are invited for interview, may we contact your present or most recent employer prior to interview for a reference?      YES                      NO

If NO, please explain reasons why –

Any further information you think that we should know about your referee .....

.....

.....

## SECOND REFERENCE

Please give the name and address of a second referee. This referee should be a professional person who knows you. You should not give personal references from family, friends or neighbours.

Name ..... Job Title .....

Company Name .....

Address .....

..... Post Code .....

Telephone No: ..... Fax No: .....

E-Mail ..... Relationship to you .....

If you are invited for interview, may we contact your second referee for a reference prior to interview?  
YES                      NO

If no, please explain reasons why –

**PREVIOUS EMPLOYMENT – continue on separate sheet if necessary**

Employer	Job Title/Key Duties and Responsibilities	Date From	Date To	Salary/ Grade	Reason for Leaving

**OTHER EMPLOYMENT**

Please detail any other employment you would still continue with if you were successful in obtaining this position.

**RELATIONSHIPS**

Please declare here any family or close relationships to existing employees of Seton Care.

**General**

**ABSENCE FROM WORK**

Have you been absent from work due to sickness over the last two years? YES/NO

If yes please state:

- i) On how many occasions have you been absent?
- ii) The number of days absent on each occasion.
- iii) The reason for the absence on each occasion.

**DRIVING**

Do you hold a current driving licence? YES/NO

Do you have the use of a car for work if required? YES/NO

Please give details of any endorsements and any pending prosecutions:

**ASYLUM AND IMMIGRATION ACT 1996**

You Will be required to produce your passport and/or other proof of your entitlement to work in the UK should you be invited for an interview. Only original documents (not copies are acceptable)

National Insurance Number .....

## CRIMINAL CONVICTIONS

**Applicants for posts within Seton Care are exempt from the rehabilitation of offenders Act 1974. You are required to declare prosecutions or convictions, including those considered 'spent' under the act. Failure to disclose this information could result in dismissal.**

Have you ever been convicted of a criminal offence, been bound over or cautioned or are you currently the subject of any police investigation which might lead to a conviction, an order binding you over or a caution in the UK or any other country ?

YES

NO

If YES please provide details of the criminal offence, order binding you over or caution or details of any current proceedings which might lead to a conviction, an order binding you over or a caution, including date, the offence, and the authority and country which dealt with the offence. If you would prefer you may provide these details in a sealed envelope marked private and confidential and attach to your application form.

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I hereby declare that the information I have given about my criminal conviction is true.

Signature ..... Date .....

As seton care Ltd meet the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974 , all applicants who are offered employment will be subject to a Criminal records Check from the Criminal records Bureau or Disclosure Scotland before the appointment is confirmed. This will include details of cautions, reprimands or final warnings, as well as convictions.

## DATA PROTECTION ACT 1998

By signing and returning this application form, you consent to Seton Care Ltd using and keeping information about you provided by you or by third parties, such as referees, relating to your application or future employment. Such information may include details relating to your health, ethnic origin and criminal record. The information will be held securely on a computer and in a "relevant filing system". The information will not be disclosed to any third party without your specific consent.

## DECLARATION

I certify that the information I have given on this form is true and correct to the best of my knowledge and I understand that the giving of false or misleading statements or withholding material information may result in my application being rejected and/or disciplinary action including dismissal.

Signature..... Date .....

Please give a rough idea as to the number of hours you would like to work each week.  
(eg Full Time, 30 hours or part time 16 hours etc.)

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Please give below any further information which you may feel is relevant to your application.

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**PLEASE CHECK POSTAGE WHEN RETURNING THIS FORM**

**THANK YOU.**

**COMMUNITY SUPPORT APPLICANTS ONLY**

**APPLICATION FOR EMPLOYMENT – AVAILABILITY**

Please indicate in the boxes below the period and hours you are available. (Note that care is required throughout the day – from assisting people up in the morning to assisting them to bed in the evening).

Day	Early Morning	Mid Morning	Lunch	Mid Afternoon	Tea	Evening	Overnight
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

**Signature** .....