

# JOB APPLICATION

Select Relevant Field

(Check any that apply)

Mr     Mrs     Ms     Dr     Prof

Your Personal

First Name

Last Name

Street Address

Apartment, suite, etc

City

State/ Province

Zip / Postal Code

Country

Email

Photo Here

Are You Applying For

- Full - time Position
- Part- time Position
- Day Work
- Night Work
- Bank

Position Applied For

Position

How did you hear about the position

## Driving

**DO YOU HOLD A FULL UK OR EUROPEAN ECONOMIC AREA (EEA) DRIVING LICENSE?**

Yes       No

**IF YES, HAS YOUR DRIVING LICENSE BEEN ENDORSED?**

Yes       No

**DO YOU HAVE A VEHICLE YOU CAN USE FOR BUSINESS PURPOSES IF REQUIRED?**

Yes       No

**If yes, please explain**

## Full Employment History

Please list below your complete and full employment history, explaining all employment gaps, starting with your most recent employer, working backwards to when you left full-time education (continue on a separate sheet if necessary). Please also attach a full CV (If Possible).

## Eligibility to work in the UK

**DO YOU HAVE THE RIGHT TO WORK IN THE UK?**

Yes       No

## Other Employment

**To allow us to monitor your working hours and comply with current legislation, please complete the following section:**

**IF YOU ARE SUCCESSFULLY APPOINTED TO THE POST APPLIED FOR, DO YOU INTEND TO CONTINUE WITH OTHER EMPLOYMENT?**

Yes       No

## Disclosure of criminal record information

Due to the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders 1972 (Exceptions) Order 1975. This means that convictions that are 'spent' under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application. Please read the above carefully and then answer the following questions:

**HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?**

Yes       No

**HAVE YOU EVER RECEIVED ANY OFFICIAL CAUTIONS, REPRIMANDS OR WARNINGS**

Yes       No

**TO YOUR KNOWLEDGE, ARE YOU CURRENTLY THE SUBJECT OF ANY CRIMINAL PROCEEDINGS OR ANY POLICE INVESTIGATION?**

Yes       No

## Data Protection

The Willing Hands Care Privacy Statement is available on our website ([www.willinghandscare.co.uk](http://www.willinghandscare.co.uk)) or a copy can be requested from the Human Resources Department. Please confirm you have accessed the Willing Hands Care Privacy Statement and you have read, understood and agree to all the terms stated.

I confirm that i have understood the private policy

## Declaration

I declare that the information given in this application is to the best of my knowledge, complete and correct. I accept that should any statement made by me in connection with this application be found to be false, incomplete or misleading then the application shall be void and consequently, Willing Hands Care may terminate any contract arising at any time.

I confirm that i have understood the private policy