

## Application for Employment

### Private and confidential

Return this form to: Two Counties Community Care Limited  
Barn 5, Great Wincey Farm,  
Brenthall Road, Finchingfield,  
Essex, CM7 4JZ



Two Counties Community Care Limited is committed to making appointments on merit and will focus on a person's abilities, skills, experience and qualifications.

Please use **CAPITAL LETTERS** and **BLACK INK** when completing this form. Thank you.  
Please complete all sections (if not applicable put N/A)

<b>Post applied for :</b>	
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## SECTION A APPLICANT DETAILS

<i>Title</i>	<i>Miss/Mrs/Ms/Mr</i>	<i>Surname</i>		<i>First name</i>	
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<i>Home address</i>		<i>Postcode</i>
<i>Contact Telephone Number</i>		
<i>Work telephone</i>	<i>May we contact you at work? Yes/No</i>	
<i>Mobile telephone</i>		
<i>National Insurance no.</i>		

<i>Do you hold a current driving licence?</i>	<i>Yes/No</i>	<i>Do you have access to a car for your use on community business?</i>	<i>Yes/No</i>
<i>If the answer to both the above questions is yes, please give your agreement to you ensuring that the car is in good working order, has a current MOT and that you will insure the car for business use.</i>	<i>I agree / I do not agree (please delete as applicable)</i>		
<i>What type of car insurance do you have?</i>	<i>Fully comprehensive / Third party / Business use (please delete as applicable)</i>		

<i>Nationality</i>	
<i>Are there any restrictions regarding your employment? e.g. do you require a Work Permit?</i>	<i>Yes/No</i>

## SECTION B EMPLOYMENT RECORD

Please give your employment history for at least the last **5 years**.

### PRESENT OR MOST RECENT EMPLOYMENT

<i>Job title</i>		<i>Present wage/salary</i>	
<i>Date joined</i>		<i>Date left (if applicable)</i>	
<i>Name, address and telephone number of employer</i>		<i>Reason for leaving/wishing to leave</i>	
<i>Main duties</i>			<i>Period of notice required</i>

### PREVIOUS EMPLOYMENT

<i>Dates: from/to</i>	<i>Position held</i>	<i>Main duties</i>	<i>Employers name and address</i>	<i>Reason for leaving</i>

## SECTION C EDUCATION, QUALIFICATIONS & TRAINING

Please tell us about your education and any qualifications, which you feel are relevant to the post.  
If invited to interview you will be required to bring certificates of any qualifications gained.

<i>Name of school/college/etc</i>	<i>Subject studied</i>	<i>Level of qualifications gained</i>	<i>Date qualification gained</i>

## SECTION D SKILLS, EXPERIENCE & KNOWLEDGE

A copy of the job description and person specification are attached.

*Please use this space to provide any additional information, for example why you wish to apply for the position, details of any experience, skills, training that you think are relevant, in support of your application. Your experience need not have been gained in paid employment. Please feel free to continue on separate page with your name clearly shown on the top.*

## SECTION E REFERENCES

*Please give details of two referees. One must be your present or most recent employer or school/college. References will only be taken up for the successful candidate. Testimonials or references from friends and relatives are not acceptable.*

Name	Position	Organisation/address	Telephone
1.			
2.			

Are you happy for Two Counties Community Care Limited to contact your references without further reference to yourself ?. Yes/No

Please note any employment that you would continue with if you were to be successful in obtaining this position.

## SECTION F CRIMINAL RECORD

**Having a current conviction/caution will not necessarily bar you from employment with Two Counties Community Care Limited. This will depend on the nature of the work and the circumstances and background to the offence.**

The type of work for which you are applying is excluded from the operation of Section 4(2) of the Rehabilitation of Offenders Act 1974. You must therefore provide below details of any convictions or cautions current or spent. If you fail to provide any of these details and are employed, the omission may lead to your dismissal. Any information given here will be treated as strictly confidential and will be considered only in relation to posts which are excluded from the 1974 Act by the Rehabilitation of Offenders Act 1974 (exemption) Order.

**List on a separate sheet of paper all previous convictions and cautions, ensuring that your name is clearly marked on the top. If none, write 'NONE'**

As an employee of Two Counties Community Care Limited and therefore working in the Care Sector, if appointed you would be required to have an Enhanced Disclosure check made through the Criminal Records Bureau.

**SECTION G REGISTERING A DISABILITY**  
**If registered under the disabled persons (employment) Act state:**  
Registration number: \_\_\_\_\_ Expiry date of certificate: \_\_\_\_\_

**SECTION H DECLARATION AND SIGNATURE**

**Before you can be employed by us you must produce:**

1. A document which contains your National Insurance Number, or
2. Another "specified document", e.g.: a document issued by a previous employer such as a P60, a printed payslip, a P45 or a document from the Inland Revenue, the Benefits Agency, the Contributions Agency or the Employment Service or a passport, certificate of nationalisation, a birth certificate, National Indemnity Card from an EC country which must indicate either British Citizenship or a right to live and/or work in the United Kingdom.

**Declaration (please read this carefully before signing this application)**

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to us contacting your doctor)
3. I understand that it is a condition of my employment with Two Counties Community Care Limited that the Commission for Social Care Inspection and any other professional organisations may have access to my personnel and training records at the discretion of the Directors.
4. I understand that by signing this application form I consent to Two Counties Community Care Limited using and keeping information about myself provided by myself – or third parties such as referees – relating to my application for future employment. This information will be used solely in our recruitment process and may be retained on file for future reference.
5. I will inform Two Counties Community Care Limited of any pending prosecutions or convictions if/when they occur.

**Name** ..... **Signature** ..... **Date** .....  
(Please print your name) (Please sign)

**Thank you for completing this form.**

**EXPLANATORY NOTES**

**PLEASE NOTE**  
*Two Counties Community Care Limited is an Equal Opportunities employer and an extract from our Equal Opportunities Policy is given on the attached Equal Opportunities Monitoring Form which you are requested but not obliged to complete.*

*Information provided by you in the equal opportunities monitoring section will be kept for the purposes of monitoring. Once the recruitment process is completed the data will be stored for a maximum of 6 months and then destroyed. If you are the successful candidate relevant information will be taken from the form and used as part of your personnel record, held by the Human Resources Department and your immediate line manager.*

*If an offer of employment is made, you will be required to complete a medical questionnaire and this may involve contacting your GP, with your permission, to confirm that there are no medical conditions relevant to the position for which you are applying.*