APPLICATION FOR EMPLOYMENT

PRIVATE AND C		L						
Return this form to	Abso Suit St M	Absolute Care at Home Ltd Suite A & D St Mary's Studios St Mary's Road Bowdon WA14 2PL						
POSITION APPL	IED FOR					_		
Surname			Forename(s)			Title		
Address:								
Postcode			Tele	phone numbe	er:			
NI No.			Email Address					
Current driving licence? Yes/No Groups: Expiry Date:			Details of endorsements					
		king up emp	loyment in the UK?	Yes 🗆	No □ (If yes, p	lease provide details)		
EDUCATION HI	STORY							
		Schools/colleges/univ			Qualifications gained			

EMPLOYMENT HISTORY (Please complete in full and use a separate sheet if necessary or attach a FULL CV)

separate sneet it necessary or attach a FULL CV)							
NAME & ADDRESS OF EMPLOYER	JOB TITLE	DATE OF COMMENCE MENT	DATE OF LEAVING	DUTIES	RATE OF PAY	REASON FOR LEAVING	

Notice required in current post:								
OTHER EMPLOYMENT								
Please provide details of any other employment you would continue with if you were to be successful in obtaining this position.								
REFERENCES								
Please note here the names and addresses of two persons from where the recent employer and one other employer or college/university/sc position of the referee provided and their work full address & telephone the referee provided and their work full address & telephone the referee provided and their work full address & telephone the referee provided and their work full address & telephone the referee provided and their work full address & telephone the referee provided and their work full address & telephone the referee provided and their work full address & telephone the referee provided and their work full address & telephone the referee provided and their work full address & telephone the referee provided and their work full address & telephone the referee provided and their work full address & telephone the referee provided and their work full address & telephone the referee provided and their work full address & telephone the referee provided and their work full address & telephone the referee provided and their work full address & telephone the referee provided and their work full address & telephone the referee provided and their work full address & telephone the referee provided and their work full address & telephone the referee provided and t	hool referee. Both must be work-related with the full name and							
1.	2.							
Company email Company telephone contact no:	Company email Company telephone contact no:							
CRIMINAL RECORD								
DECLARATION (Please read this carefully befo	ore signing this application)							
I confirm that the above information is complete and corresponding the right to terminate any employment contract of the	rect and that any untrue or misleading information will give my offered.							
2. 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 contacting your doctor. I agree that the organisation reserves right the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.								
3. I agree that should I be successful in this application, I give my consent to Absolute Care at Home Ltd to apply to the Disclosure & Barring Service/Scottish Criminal Records Office for a basic disclosure. I understand that should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.								
	give my consent to Absolute Care at Home Ltd to apply to ing licence details. I also consent to Absolute Care at Home cle.							
Signed: Date:								

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