



# Employment Application Form

All About You Care Services, as an equal opportunities employer, intends that no applicant or employee shall receive less favourable treatment because of their sex, marital status, colour, race, nationality, ethnic origins, age, sexual orientation or disability, which cannot be shown to be justifiable.

Application for the position of: \_\_\_\_\_

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Length of time at this address: \_\_\_\_\_

Home telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email address: \_\_\_\_\_

National Insurance No.: \_\_\_\_\_

Are you employed at present? Yes  No

Name & Address of Current Employer: \_\_\_\_\_  
\_\_\_\_\_

Position: \_\_\_\_\_ Date commenced: \_\_\_\_\_

Notice period: \_\_\_\_\_

Employment History (most recent job first):

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

Do you hold a valid driving licence? Yes  No

Do you have your own transport? Yes  No

Please list your Educational Qualifications:

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Please state any relevant skills/courses attended:

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Have you ever been convicted of a criminal offence? Yes  No

Your attention is drawn to the fact that, under the Rehabilitation of Offenders Act 1974 (Exemptions) order 1975, this position is excluded from the protection of the Act, and all previous convictions, pent or otherwise must be disclosed. It is not a foregone conclusion that any previous conviction will exclude you from the position applied for.

Please state any previous convictions, date and nature of the offence:

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Please supply two referees (one which should be your present or last employer):

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. Number: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. Number: \_\_\_\_\_

Declaration

To the best of my knowledge the information given on this form is correct, I accept that any misleading or false information may lead to my dismissal should I be engaged by the company.

I agree to pay back to All About You Care Services Limited the full CRB clearance fee in the event that I leave the company within the first six months of my employment; and that all items of uniform, identity badge and Staff Handbook will also be returned in the event of any termination of my employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to:

Margaret Helsby  
Company Care Manager  
All About You Care Services Limited  
Unit 14 Sovereign Court

Wyrefields  
Poulton-Le-Fylde  
Lancashire FY6 8JX  
Email: Margaret@about-u.co.uk