



APPLICATION FORM

Home Support Worker

If you require any Assistance with completing this application form or require in a different format then please do not hesitate to contact the office.

PERSONAL INFORMATION

Title (please circle)	Mr	Mrs	Miss	Ms	Other
First Name (s)					
Surname					
Address					
Telephone (Home)					
Telephone (Mobile)					
Date of Birth					
NI Number					
Email Address					
Ethnic Origin					

EDUCATION / QUALIFICATIONS

(please continue on a blank piece of paper if required)

School/College/University Attended	Date From	Date To	Name of Qualification/ Certificate Gained

EMPLOYMENT HISTORY

(Most recent first)

Employers Name	Date From	Date To	Job Title	Brief Job Description	Reason For Leaving

AVAILABILITY

As this post is part of a Twenty Four Hour, Seven Days a week service, you will be required to work some evenings and weekends.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
Total hours required per week	

Where did you hear about this vacancy? _____

Do you smoke? Yes / No

Do you have your own Transport? Yes / No

Are you available for Nights? Yes / No

Do you require a work permit? Yes / No

If yes do you hold one? Yes / No

REFERENCES

One must be a present / previous employer

Reference 1 Present / Previous Employer	Name: Business: Address Postcode: Telephone:
Reference 2 Personal (not a partner, close friend or relative)	Name: Business: Address Postcode: Telephone:

REHABILITATION OF OFFENDERS ACT

The nature of work which you are applying for is excluded from the operation of section 4 (2) of the Rehabilitation Of Offender's Act 1974. You must therefore below provide details of any convictions you have. This also applies even if the conviction is considered 'Spent' within the meaning of section 1 of the Rehabilitation Of Offenders Act 1974 and which may be disclosed by virtue of the Rehabilitation Of Offenders (Exceptions) Order 1975.

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.

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

If yes, please state convictions below:

EQUAL OPPERTUNITIES POLICY

Millennium Homecare Services Ltd aim to ensure that all of its employees and job applicants are treated equally irrespective of disability, race, colour, nationality, ethnic origin, age, sex or marital status.

I can confirm that to the best of my knowledge the information stated on this form is correct.

Signed:	Printed:	Date:
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Please return completed application to:

Millennium Homecare, 2 Avenue Road, Whittington Moor, Chesterfield, Derbyshire, S41 8TA

Application form V2 created 4/5/2012