





# NEW EMPLOYMENT APPLICATION FORM PART 2

Parc House, Parc Teifi, Cardigan, SA43 1EW

Tel: 01239 622156 Fax: 01239 622158

<b>Present Employer</b>	
Address	.....
	.....
Dates	Postcode ..... Tel Number .....
	Started .....
Contact Name	Finished ..... Job Title .....
	.....
Responsibilities	.....
Sickness record:	Days off sick per year: .....
<b>Previous Employer [1]</b>	
Address	.....
	.....
Dates	Postcode ..... Tel Number .....
	Started .....
Contact Name	Finished ..... Job Title .....
	.....
Responsibilities	.....
Sickness record:	Days off sick per year: .....
<b>Previous Employer [2]</b>	
Address	.....
	.....
Dates	Postcode ..... Tel Number .....
	Started .....
Contact Name	Finished ..... Job Title .....
	.....
Responsibilities	.....
Sickness record:	Days off sick per year: .....
<b>Previous Employer [3]</b>	
Address	.....
	.....
Dates	Postcode ..... Tel Number .....
	Started .....
Contact Name	Finished ..... Job Title .....
	.....
Responsibilities	.....
Sickness record:	Days off sick per year: .....
<b>Previous Employer [4]</b>	
Address	.....
	.....
Dates	Postcode ..... Tel Number .....
	Started .....
Contact Name	Finished ..... Job Title .....
	.....
Responsibilities	.....
Sickness record:	Days off sick per year: .....

<b>References:</b>	Please note that at least one reference must be in the care industry if you have previous experience In addition to present employer, we will require two additional references These can be from previous employment and/or someone nominated by you for a character reference that is not a member of your family or a personal friend.	
<b>Present Employer:</b>	<b>We will contact these for a reference unless advise otherwise.</b>	
<b>Previous Employer:</b>	<b>State from above 1-4</b>	.....
<b>Previous Employer:</b>	<b>State from above 1-4</b>	.....
<b>Character Ref:</b>		
	Name	Tel Number
	Address	
	Postcode	
	Relationship to applicant	
	Number of years known	
<b>Character Ref:</b>		
	Name	Tel Number
	Address	
	Postcode	
	Relationship to applicant	
	Number of years known	

In order to provide the level of service expected by our clients, as stated in our staff contract, flexibility is required in respect of hours worked.

In order to facilitate both clients and care assistants please place a X in the Time Box where you will not be able to work on a regular basis. Schedules are operated so that staff members have alternate weekends off.

Please note that whilst we will make every effort to include these time requests in the weekly schedules, staff have a contractual obligation to provide cover in emergency for other staff members who may be off work due to sickness, holiday requests unforeseen compassionate leave etc. Please bear in mind it could be you who needs cover at some point in time.

24 hours clock	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0700							
0800							
0900							
1000							
1100							
1200							
1300							
1400							
1500							
1600							
1700							
1800							
1900							
2000							
2100							
2200							
2300							

This application form is part of your contract with the company.

Signed:	Dated:
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