



Professional Services LTD

Temporary Employment Application Form

You must complete **all parts** of the Application Form.

Please write or type your Application Form in **black ink**. Read the Application Form before attempting to complete it.

Part 1

Personal Details

Date of Application:.....

Surname:..... **Title:** (Mr. / Mrs. / Miss / Ms) Other:.....

First Name:..... **Middle Names:**.....

D.O.B:..... **National Insurance No:**..... **Sex:** Male / Female

Address:.....

..... **Postcode:**.....

Daytime Phone Number..... **Evening Phone Number**.....

Email Address:.....

Do you hold a full driving licence? () Yes () No Do you have your own transport? () Yes () No

Please note that all applicants are required to provide evidence of eligibility to work in the UK. Should your immigration status change after submission of this form, you are responsible for notifying Care1 Professional Services LTD.

Are you legally entitled to work in the United Kingdom? () Yes () No Passport No.....

Are there any restrictions on your ability to work in the UK? () Yes () No

If yes please specify.....

How did you learn about our company?.....

Position Sought..... **Date Available Start**.....

Desired Pay Range.....**Are you currently employed?**.....
 Per Hour

Part 2

We are an Equal Opportunity Employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment on the ground of race, colour, creed, nationality, ethnic or national origin, religious belief, political opinion or affiliation, sex, marital status, sexual orientation or disability, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Part 3

Details of Education and Qualification

	Name/ Location	Graduate/ Degree	Major / Subjects of Study
High School Dates Attended From: To:			
College or University Dates attended From: To:			
Specialized Training, Trade School, etc... Dates Attended From: To:			
Other Education Dates Attended From: To:			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.

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Part 4
Employment History

Have you previously worked for Care1 Professional Services LTD? Yes / No

Please supply details of your employment history since leaving full time education. Starting with your most recent/current position first. Please explain any gaps in your employment history and continue on a separate paper if needed.

Dates Employed	Company Name	Location	Role/Title

Job description, tasks performed and reason for leaving

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Dates Employed	Company Name	Location	Role/Title

Job description, tasks performed and reason for leaving

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Dates Employed	Company Name	Location	Role/Title

Job description, tasks performed and reason for leaving

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Dates Employed	Company Name	Location	Role/Title

Job description, tasks performed and reason for leaving

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Part 5
Next of Kin Details

Name.....**Relationship**.....

Address.....

.....**Post Code**.....

Phone Daytime.....**Phone Evening**.....

Emergency Contact if different from above

Name.....**Relationship**.....

Address.....

.....**Postcode**.....

Phone Daytime.....**Phone Evening**.....

Part 6
Referees

Please supply the names and work addresses of professional references. They must be from your most recent employment covering the last 2 years and must also be of a more senior grade than yours. ALL referees will be contacted for written reference prior to Care1 Professional Services LTD offering you employment. If you require more space, please continue overleaf.

Reference 1: Current employer

Name of Employer.....

Name of Contact Person.....**Relationship**.....

Position Held.....**Phone No**.....

Email Address.....**Postal Address**.....

.....**Postcode**.....

Can this person be contacted prior to the interview? Yes / No

Reference 2: Previous employer

Name of Employer.....

Name of Contact Person.....**Relationship**.....

Position Held.....**Phone No**.....

Email Address.....**Postal Address**.....

.....**Postcode**.....

Can this person be contacted prior to the interview? Yes / No

Reference 3: Previous employer

Name of Employer.....

Name of Contact Person.....**Relationship**.....

Position Held.....**Phone No**.....

Email Address.....**Postal Address**.....

.....**Postcode**.....

Can this person be contacted prior to the interview? Yes / No

Part 7

Have you been convicted of a criminal offence or undergoing a criminal investigation? Yes / No

If yes please give details below

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Part 8 Declaration

In accordance with the Data Protection Act 1998, the information provided on this Application Form will be used in the recruitment process only and may be disclosed to all who need to see it. It will also form the basis of the confidential personnel record of the registered candidate.

I hereby declare that to the best of my knowledge, all the information contained is correct and I possess all the qualifications I have listed on this Application Form. I confirm that I do not object to the information collected on this form being transferred onto computer and used by Care1 to satisfy the requirements of their Clients. I accept that should this information be found to be untrue or incomplete I will be liable to disciplinary action including dismissal.

Signature.....Date.....

Please return your completed Application Form together with copies of documents listed below to:

The Recruitment Team, Care1 Professional Services LTD, 457 Valence Ave, Dagenham, Essex, RM8 3RB

- 1) Proof of NMC registration (if applicable)
- 2) Copies of your Educational Certificates
- 3) Copies of Mandatory Training Certificates
- 4) Copy of your current CRB / PVG
- 5) Copy of your passport and/or work permit
- 6) Copy of your National Insurance Card
- 7) Copy of Certificate of Incorporation if you operate a Limited Company
- 8) Proof of Limited Company Account Details
- 9) Proof of record of immunisations
- 10) 2 Passport sized photographs with your name and signature at the back
- 11) Proof of address on 3 documents dated within the last 3 months

For further details / information call [02082526130](tel:02082526130) or visit www.care1professional.co.uk

Part 9
Bank Details

Note that if you wish to be paid via a LTD Company, Care1 Professional Services LTD will only accept LTD Company Bank Account information.

Bank/Building Society Name:

Bank/Bulding Society Address:
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Postcode:

Account Holder's Name:

Sort Code: _____/_____/_____

Account No.

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Roll No. (if applicable)

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I confirm that the above information is correct to the best of my knowledge.

Signed:.....

Date:.....