**PACIFIC CARE LIMITED**

***Application for Employment***

Post Applied For:

Location

***Personal Details***

Surname Other Names Date Of Birth

Home Address in Full (block capitals) Home Telephone Number

Postcode:

Email

SSC Registration/PIN Number/Expiry Date National Insurance Number

Do you hold a current driving license? Yes  No  Do you have any endorsements? Yes  No

Are there any dates when you will not be What is your period of notice?  
available for interview (e.g. Holidays)

***References***

Name Name

Position held and relationship Position held and relationship

Organisation Organisation

Address Address

Telephone Number Telephone Number

***Other Personal Details***

Do you need a permit to work in the UK? Yes  No

***Education & Training***

School, Collecge, University, etc. From To Examinations passed, when taken

Other training courses attended (work related and outside work)

Additional qualifications, membership of professional bodies, etc.

***Employment History***

**Current (or last employer)**

Name and Address of Employer Job Title

Date of employment

Present salary and benefits

Please give a brief description of your main duties and responsibilities

**Previous Employment (most recent first)**

Name and address of employer From To Job title Reason for leaving

***Other Relevant Information***

Other relevant information and experience, including current duties. Please use this space to state your reasons for applying for the post,   
relating your skills, experience and personal qualities gained through work or unpaid work to the requirements of the job.   
(If you require more space, please attach a separate sheet)

***Health Details***

If the answer is Y**es** to any of the questions in this section, please give full details in the space provided of the dates, duration and outcome  
of the illness or condition. If we have any concerns about your fitness for work, employment will be subject to satisfactory medical reports.

**Have you ever had: Please tick Additional information if ‘Yes**

|  |  |  |
| --- | --- | --- |
| Tuberculosis, asthma, bronchitis or chest problems? | Yes  No |  |
| Chest pain, heart condition or raised blood pressure? | Yes  No |  |
| Blackouts, fits or attacks of giddiness? | Yes  No |  |
| Depression, mental illness or nervous breakdown? | Yes  No |  |
| Rheumatism or arthritis? | Yes  No |  |
| Back trouble? | Yes  No |  |
| Typhoid, paratyphoid or other gland trouble? | Yes  No |  |
| Digestive or bowel disease? | Yes  No |  |
| Diabetes, thyroid or other gland trouble? | Yes  No |  |
| Bladder or kidney trouble? | Yes  No |  |
| Dermatitis or skin trouble? | Yes  No |  |
| Varicose veins? | Yes  No |  |
| Any other accident, operation or illness? | Yes  No |  |
| Have you any reason to believe you may be  infected with any communicable disease? | Yes  No |  |
| Any other current or recent medical condition or treatment  which might affect your attendance or performance at work? | Yes  No |  |
| Do you intend to work night duties on a regular basis? | Yes  No |  |
| Any illness or medical condition that prevented you from  attending work on your normal duties or activities for more than one week during the past year? | Yes  No |  |
| Any physical impairments, including defect of sight or hearing?  If yes, please specify any special needs in relation to your disability. | Yes  No |  |
| Do you smoke? | Yes  No |  |

***Rehabilitation of Offenders Act 1974***

Under the provisions of the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2003 (as amended),   
applicants are  required to disclose information concerning convictions including those which for other purposes are regarded as spent   
under the Act. If you take up  an appointment with the company and you have failed to disclose such information this could result   
in dismissal or disciplinary action.

Have you been convicted in any court of any offence. Yes  No

If yes, please specify below giving details.

In addition you are required to obtain a disclosure Scotland Criminal Records Check. Any standard or enhanced disclosure made by   
Disclosure Scotland will remain strictly confidential.

**I certify that, to the best of my knowledge, the information given on this form is correct.**

**Signature Date**

**Pacific Care Limited**

***Equal Opportunities Monitoring Form***

We are an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favorable  
treatment on the grounds of race, colour, ethnic or national origin, religious belief, political opinion or affiliation, sex, marital status,   
sexual orientation, gender reassignment, age or disability, or is disadvantaged by conditions or requirements which cannot be shown to   
be justifiable.

Our Selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis   
of their relevant merits and abilities.

All employees are given equal opportunity and are encouraged to progress within the organisation.

We are committed to an ongoing programme of action to make this policy fully effective. To ensure that this policy is fully and fairly   
implemented and monitored, and for no other reason, would you please provide the following information:

I would describe my ethnic group and sex as:- (please tick one box for your ethnic group and one box for your sex)

**A) *White***

English  Scottish

Welsh  Irish

Any other white background, please specify:

**B) *Mixed***

White & Black Caribbean  White & Black Affrican

White & Asian  Irish

Any other Mixed background, please specify:

**C) *Asian, Asian British, Asian English, Black Scottish or Black Welsh***

Indian  Pakistani

Bangladeshi

Any other Asian background, please specify:

**D) *Black, Black British, Black English, Black Scottish, Black Welsh***

Caribbean  African

Any other Black background, please specify:

**E) *Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other Ethnic Group***

Chinese

Any other white background, please specify:

**F) *Sex***

Male  Female

Name: Signed:

Date: Job Title:

**Pacific Care Limited**

***Criminal Convictions Declaration***

To be completed by all applicants.

This information will not be kept with your application form during the recruitment process.

Post Applied For:

Full Name: Preferred Title:

Home Address: Postcode:

**CRIMINAL CONVICTIONS**

Under the provisions of the Rehabilitation Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2003 (as amended) you are

required to give details of any convictions which are not spent. Failure to do so may render you liable to summary dismissal.

Do you have any current convictions against you? Yes  No

**If Yes, please give details:**

Work with Young Persons under 18 years or vulnerable adults eg elderly or disabled

Under the provisions of the Rehabilitation Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2003 (as amended) you are

required to give details of any criminal conviction including those which are spent. Failure to do so may render you liable to summary

dismissal.

You are required to reveal spent convictions if the post for which you are applying involves working with young persons under 18 years of age or vulnerable adults e.g. elderly or disabled.

Do you have any current convictions against you? Yes  No

**If Yes, please give details:**

When completed this form should be returned in an envelope marked:

‘PRIVATE & CONFIDENTIAL’

The Manager

Policy Statement available on request