

Eldron Care Employment Application Form

Position Applied	d For					
	Once completed, p on Care, 28 First Rov		· ·	·		
Persona	al Details	Othe	er Names U	sed	From (mm/yyyy)	Till (mm/yyyy)
Surname						
First Name(s)						
Address (Inc dates to – fro If less than 5 yea please add previous addresses at the expenses of the second previous addresses at the expenses of the second previous addresses at the second previous	ars bus					
	nt address less than s including dates Fro	-	se include (on Last pa	ge) address his	tory for the
Phone Number (Landline)			Phone Nu	ımber (Mo	bile)	
Date of birth:			Place of b	irth:		
Nationality:			National I	nsurance I	No.	
Driving licence I	No.		email		•	
Criminal Convic Have you ever b	ctions peen convicted/cau	tioned for an	y offence?	Yes () No	o()if yes pleas	e give details

Education details Please provide details of secondary/higher/further education and exam results/qualifications attained. (Use separate sheet if required)				
	current/p	revious employ	ment (from which referen ployer please state reaso	
Current / last Employme	nt:			
Address			Contact	
			Position	
			Phone No.	
Start Date			Leaving Date	
Main Role				
Reason for leaving				
Previous Employment:			I	
Address			Contact	
			Position	
			Phone No.	
Start Date			Leaving Date	
Main Role				
Reason for leaving				

Record of employment history from leaving school to present (required by law for work in social care)

- If any previous employment involved working with children please state reason for leaving.
- Give an explanation for employment gaps of 6 months or more.
- Use a separate sheet if required.

Company	Job Title	From (mm/yyyy)	Till (mm/yyyy)
Please give details of any ot position:	her work you would be or might b	pe doing as well if yo	u were given this
	ld like to tell us about yourself, yourself, yourself, your self us he		rience etc. that

Background

1.	Describe your general physical & mental health
2.	What regular exercise do you take? (If any)
3.	What are your interests, hobbies etc.?
4.	How many hours would you like to work? (Per week)
5.	If you are offered this position, when would you be able to start?
6.	Why would you like this position?
7.	What makes you think you are suitable for it?
8.	Are there any hours you are unable to work? (Please state why)

I understand that if I am successful in being offered this position it will be subject to at least:

- Two satisfactory references
- Any necessary checks that may have to be made, including DBS
- Suitable proof of identity as required by DBS (Inc photographic)

The information I have given in this application is true and I understand that I may be dismissed if I gain this position through false information.					
Your name:	Signature:	Date:			

Previous address history (If Required)

Including dates covering the last 5 years.