

PERSONAL DETAILS - Confidential							
SURNAME		TITLE		FORENAME(S)			
HOME ADDRESS				Next of Kin			
POSTCODE				Relationship		Tel.No.	
HOME TELEPHONE ()				Do you require a work permit to be employed in this country? YES/NO			
MOBILE TELEPHONE				Expiry date of existing permit?			
AGE		D.O.B.		PLACE OF BIRTH		NATIONAL INSURANCE NUMBER	
Marital Status		Maiden Name		Dependants : (optional)			
Details of absences from work (excluding holidays) over the last 12 months			Details of any serious illnesses or operations in previous years with dates			For uniform purposes: Women Height : Dress Size : Men Height: Chest: Waist: Neck:	
Have you ever been arrested or convicted of a criminal offence? Exclude any that are "spent" under the Rehabilitation of Offenders Act 1974. YES <input type="checkbox"/> NO <input type="checkbox"/> Sign.....			Have you ever been refused for a position in the home care or related industry? If yes, give details			Full Driving License? YES / NO Do you have a car? YES / NO Can your car be used to travel to and from assignments in association with the job? YES / NO	
POSITION DETAILS							
Position Applied For				Do you have relatives employed in the care industry? YES/NO If YES, give details			
Have you ever worked for, or applied to Rise & Shine before? YES/NO If YES give details				Date available to start training			
				Date available to start work			
Details of any other employment which will continue if appointed to this position				Hours and days you can work - Monday to Sunday			
				MON TUE WED THU FRI SAT SUN			
				start			
				finish			
EQUAL OPPORTUNITIES Rise and Shine Home Care is an Equal Opportunities Employer. To assist us in monitoring the effectiveness of our policies, please provide the following information							
Please indicate which of the following ethnic/racial groups you belong. N.B. These classifications are still under review pending the Census 2001 and may be revised.				Are you registered disabled? YES/NO			
UK/IRISH		CARIBBEAN		If YES, give details			
OTHER EUROPEAN		AFRICAN		Registered Disabled Number.....			
ASIAN		ORIENTAL					
OTHER (PLEASE SPECIFY)				DO YOU SMOKE?			

REFERENCES - Please give names and addresses of professional referees covering employment/study in the last three years, including present employment if applicable.

Name: Position: Address:	Name: Position: Address:
Telephone Number:	Telephone Number:

EDUCATION

From	To	Secondary School/College/ Polytechnic/University	Qualifications gained (State level and subject)	Grades

TRAINING

From	To	Training or other development courses attended	State whether run by a previous employer or other agency

EMPLOYMENT HISTORY (State most recent first and include gaps)

From	To	Name and location of employer	Position held with brief description of duties	Salary	Reason for leaving

CRB

Please note: We operate a policy of running Police checks on all employees. If you object to this policy or would like further information on the Police check procedure, please tick box on right. Thankyou

OTHER INFORMATION

Details of any leisure or special interests

DECLARATION

I certify that the information given on this form is correct to the best of my knowledge. I understand that any misleading statement or deliberate omission may be sufficient grounds for refusal of termination of employment with the company. I further understand that any engagement is subject to the receipt of satisfactory references and CRB check, but that my present employer will not be approached without my permission until a provisional offer of employment is made and accepted.

Signature of applicant..... Date.....