

CHERISH UK LIMITED

APPLICATION FOR EMPLOYMENT CONFIDENTIAL

Please complete this application form in full using black ink.

POSITION APPLIED FOR:

TO BE RETURNED BY:

1. PERSONAL DETAILS (Please use capital letters)

Title:..... First Name (s):Last Name:

Address:

.....Postcode:.....

Date of Birth: Nationality:.....

Home Telephone No: Mobile Telephone No:.....

Email:..... Car Owner:.....

Next of Kin.....Contact No.....

2. CURRENT EMPLOYMENT EXPERIENCE

Please give details of your most recent position. Please note a reference will be required from this employer.

Name and address of employer	Date appointed:.....
.....	Job Title:.....
.....	Date of leaving:.....
.....	Reason for leaving;.....
Telephone No:.....	Current / Leaving Salary:.....
Nature of Business.....	
Brief outline of main duties and responsibilities.....	
.....	
.....	

3. PREVIOUS EMPLOYMENT EXPERIENCE

Please give details of all previous employment starting with the most recent and work backwards, all dates must run chronologically and sequentially. State whether part time or full time and include any unpaid or voluntary work. There must be no unexplained gaps; the reason for any periods away from work must be given. Continue on a separate sheet of paper if necessary marking the sheet "Page 3A". In keeping with the rights of the Warner Report we reserve the right to confirm employment history by contacting any or all previous employers.

<u>Current/Last job:</u>	
Employers Name:	Contact:
Address:	Position:
Telephone:	
Postcode:	
Start Date:	Leaving Date:
Starting Salary:	Final Salary:
Main Duties:	
Reason for Leaving:	

<u>Previous Job:</u>	
Employers Name:	Contact:
Address:	Position:
Telephone:	
Postcode:	
Start Date:	Leaving Date:
Main Duties:	
Reason for Leaving:	

<u>Previous Job:</u>	
Employers Name:	Contact:
Address:	Position:
Telephone:	
Postcode:	
Start Date:	Leaving Date:
Main Duties	
Reason for Leaving:	

<u>Previous Job:</u>	
Employers Name:	Contact:
Address:	Position:
Telephone:	
Postcode:	
Start Date:	Leaving Date:
Main Duties	
Reason for Leaving:	

4. EDUCATION TRAINING AND DEVELOPMENT

Please give all schools and further education details. Continue on separate sheet if necessary marking the sheet "Page 4A"

College, University or Training Establishment attended	Qualifications or course details	Date

7. DECLARATION OF HEALTH

If you answer yes to any of the questions in this section, please give full details.

DO YOU HAVE OR HAVE YOU SUFFERED FROM ANY OF THE FOLLOWING:

History of mental illness	YES / NO	History of substance abuse	YES / NO
Back Trouble	YES / NO	Physical disabilities	YES / NO
Any major operation	YES / NO	Illness during the last 6 months	YES / NO
Are you a smoker	YES/ NO		

Are you undertaking any treatment or medication at the present time YES / NO

Doctors name, address and phone number.

.....
.....
.....

Details.....
.....
.....

Please state any other information about your health which may affect your work.....
.....
.....

8. CRIMINAL CONVICTIONS

The rehabilitation of Offenders Act 1974 requires applicants to give details of any convictions that are not spent. Failure to disclose such convictions could result in disciplinary action or dismissal.

Do you have any previous convictions? YES / NO

If yes, please detail offence(s) including date(s) and sentence(s)

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.....
.....

9. BANK DETAILS

Bank Name

Bank Address

Account Name

Account Number

Sort Code

Building Society Number

National Insurance Number

10. DECLARATION

Please sign after completing this application

I certify that the information contained on this application form is accurate and true and understand that to knowingly give false, misleading or to omit important and relevant information may lead to termination of application, dismissal or disciplinary action. I understand that if I am successful in being offered this position it will be subject to at least:

- a. Two Satisfactory References
- b. Any necessary checks that may have to be made, including police checks
- c. Suitable proof of identity

Signature of applicant Date

Name of applicant.....

<u>FOR OFFICE USE ONLY:</u>	
DATE OF INTERVIEW	
RESULT OF INTERVIEW	
DETAILS OF INTERVIEW	
.....	
.....	
.....	
ACCEPTABLE TO APPLY FOR REFERENCES	YES / NO

CHERISH UK LIMITED
APPLICATION FOR EMPLOYMENT
EQUAL OPPORTUNITIES
CONFIDENTIAL

Cherish UK Limited is working towards becoming an equal opportunities employer. This means that all applicants for jobs within Cherish services will receive equal treatment irrespective of their race, gender, racial origin, age, sexuality, religious beliefs, disability or employment status. The information you provide on this form will assist us in monitoring the effects of our equal opportunities policy in recruitment and selection and will help us to develop and improve.

1. JOB DETAILS – Please provide details of the job for which you are applying

Job Title..... Salary

Service

2. YOUR DETAILS

Title First Name(s)..... Last Name.....

Address.....

.....Postcode

Date of BirthReligion.....

Gender

3. DISABILITY

Do you consider yourself to be disabled? YES / NO

The following categories are consistent with the Governments 2001 census and have been approved by the Commission for Race Equality. Please tick appropriately.

4. RACIAL ORIGIN

WHITE

- White British
- White Irish
- Any other white background

MIXED

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

ASIAN OR ASIAN BRITISH

- Asian British
- Indian
- Pakistani
- Bangladeshi
- Any other Asian Background

BLACK OR BLACK BRITISH

- Black British
- Caribbean
- African
- Somali
- Yemeni
- Any other Black background

CHINESE OR OTHER ETHNIC GROUP

- Chinese
- Other (give details)

