

Application for Employment

Please Return to; West Heanton Ltd, Buckland Filleigh, Beaworthy, Devon EX21 5PJ

Position Applied For: **Care Assistant** for West Heanton Ltd

Title		Forename		Surname:	
Address		National Insurance Number		Telephones No.	
Post Code		Date of Birth		Email Address	

Current Driving Licence no Type of Licence		Details of Endorsements	
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Education History

Schools	Qualifications
Colleges/ Universities	Qualifications
Other Training	

Employment History

From (mm/yy)	Name and Address of Employer	Job Title and Duties	Salary	Reason for Leaving
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To(mm/yy)				
/				
From(mm/yy)	Name and Address of Employer	Job Title and Duties	Salary	Reason for Leaving
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To(mm/yy)				
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From(mm/yy)	Name and Address of Employer	Job Title and Duties	Salary	Reason for Leaving
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To(mm/yy)				
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From(mm/yy)	Name and Address of Employer	Job Title and Duties	Salary	Reason for Leaving
/				
To(mm/yy)				
/				

Details of Part Time Jobs or Absent Periods of Employment

References – Please indicate two persons from whom we may obtain work experience references.

In the absence of two work references we would accept one work reference and one character reference.

References from relatives are not acceptable.

Name		Name	
Address		Address	
Post Code		Post Code	
Relationship			

Other Employment

Please list any other employment you would continue with if you were to be successful in obtaining this position

Leisure

Please note here your leisure interests, sports and hobbies, other pastimes

General Comments

Please detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to the post

Health Details

Are you disabled YES/NO.? If yes, please give details and specify any special needs in relation to your disability.

Please list any diseases, disorders, allergies, muscular or muscular skeletal injuries from which you have suffered or do suffer

Please detail and form of medicine, drugs or treatment you are currently and/or regularly receiving

Please list all absences from work in the past 12 months and the reasons for such absences

Declaration (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered
2. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor).

Signed.....

Date