

Application Form for Employment

Please contact us if you need this application form in an alternative format or if you need any adjustments if you are asked to attend an interview.

Important: PLEASE WRITE CLEARLY IN BLACK INK

PERSONAL DETAILS	
Surname:	Daytime (if convenient):
Title (Mr/Mrs/Miss/Ms/Dr):	Mobile no.:
First name(s):	Email:
Home address:	Do you possess a current, clean driving licence?:
	Yes No
	Please give details of any penalty points and reasons:
Postcode:	
Telephone no.:	
POST INFORMATION	
Post applied for:	Have you ever been employed by Abbeyfield before:
Ref:	Yes No
Location:	If Yes, please give details:
Where advertised?:	
Have you ever applied for a post with Abbeyfield before?:	
Yes No	

Please return your completed application form to:

Central Office:

Westbourne House, 22 Poole Road, Bournemouth, Dorset BH4 9DS

Email: hr@abbeyfieldwessex.org



EMPLOYMENT HISTORY

Current/most recent employer's name & address	Position held & main duties	Start	Finish	Reason for leaving
Salary (£):		Notice	period:	

Please provide details of all other employment, in sequence with the most recent first.

Previous employer's name & address	Position held	Start	Finish	Reason for leaving



EDUCATION / TRAINING

Please give details of your education (schools, colleges, higher education) and qualifications obtained. Please give details of any professional, specialist or job-related courses attended (with dates), certificates, obtained and any membership of professional bodies.

Subjects	Start	Finish	Result/Grade
	Subjects	Subjects Start	Subjects Start Finish

STATEMENT IN SUPPORT OF YOUR APPLICATION

achievements and any other relevant information that supports your application. Please continue on a separate sheet if necessary.						

Please tell us why you are a suitable candidate for this role, highlighting your key



REFERENCES

Please provide us with details of 3 referees below.

Present/Last Employer

Name:
Address:
Postcode:
Occupation:
Telephone no.:
Previous Employer
Name:
Address:
Postcode:
Occupation:
Telephone no.:
Personal Reference
Name:
Address:
Postcode:
Occupation:
Telephone no.:

CONVICTIONS

Please enter below details of conviction for any offences or formal cautions by police for any offence or any bind-overs imposed by any court. You must include spent convictions under the Rehabilitation of Offenders Act 1974.

Have you ever had any cautions/convictions?
Yes No No
Date of offence/offences. Give details:
Result: Abbeyfield carries out Disclosure and Barring Service (DBS) checks on all successful candidates.
DECLARATION

I hereby declare that I have answered all questions fully and truthfully and understand that false or misleading information will lead to my disqualification. Under the Data Protection Act 1998 I understand that personal information about me may be held on or verified by computer for personnel/employee administration purposes including analysis for management purposes and statutory returns.

Candidate Signature:	
Dato:	





Abbeyfield is committed to an Equal Opportunities Policy in employment and will assess for jobs without regard to gender, age, race, colour, disability, sexual orientation, nationality, ethnic or national origin or marital status.

Please fill in this form as fully as possible so that we can monitor the implementation of our Equal Opportunities Policy.

The answers you provide in this section will be treated in the strictest confidence and will only be used for statistical monitoring. This section will be detached from the application form before the shortlisting and interview process begins.

PLEASE TICK THE APPROPRIATE BOXES

Gender:	Married/Civil Partnership	Other
Which Age group do you belong to? 16 - 25	56 - 65 65+	
I would describe my ethnic origin as: Please state:		
Do you consider yourself to have a disability? Yes No		
Do you have a disability as defined by the Disability Discrimination A Yes Don't Know	Act?	