|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CONFIDENTIAL | |  | | | | | | | | FORM AP3 |
| APPLICATION FOR EMPLOYMENT | | | | | | | | | | |
| The Sheffield Royal Society for the Blind  5 Mappin Street  Sheffield  S1 4DT  **POST APPLIED FOR: Cairn Home Care Assistant** | | | | | | | | | | |
| PERSONAL | | | | | | | | | | |
| Surname: | | | | |  | | | | | |
| Address:**­** | | | | |  | | | | | |
| Forename(s): | | | | |  | | | | | |
| Daytime Tel No: | | | | |  | | | | | |
| Evening Tel No: | | | | |  | | | | | |
| How do you wish to be addressed: Mr/Mrs/Miss/Ms/Other | | | | |  | | | | | |
| Do you need a permit to work in the UK? | | | | |  | | | | | |
| Have you a current driving Licence? | | | | |  | | | | | |
| If YES give details, including any endorsements | | | | |  | | | | | |
| EDUCATION | | | | |  | | | | | |
| Schools Attended | | | | Dates From/To | | | | Qualifications attained (including grades) | | |
|  | | | |  | | | |  | | |
| Colleges/Universities Attended | | | | Dates From/To | | | | Subjects taken and Qualifications attained | | |
|  | | | |  | | | |  | | |
| Other Training/membership of Professional Bodies/Apprenticeships/Special Courses etc. including dates where appropriate | | | | | | | | | | |
|  | | | | | | | | | | |
| **EMPLOYMENT HISTORY** (current or most recent employer first)  Please include temporary posts and work experience. | | | | | | | | | | |
| FROM | TO | | NAME & ADDRESS OF EMPLOYER | | | | JOB TITLE & DUTIES | | FINAL SALARY & REASON FOR LEAVING | |
|  |  | |  | | | |  | |  | |
|  |  | |  | | | |  | |  | |
|  |  | |  | | | |  | |  | |
|  |  | |  | | | |  | |  | |
|  |  | |  | | | |  | |  | |
|  |  | |  | | | |  | |  | |
| **Notice Required in Current Post** | | | | | | |  | | | |
| REFERENCES | | | | | | | | | | |
| Please give the names addresses and telephone numbers of two persons from whom we may obtain both character and work experience references. References from your current employer will not be sought without your authority. | | | | | | | | | | |
| 1 | | | | | | 2 | | | | |
| LEISURE | | | | | | | | | | |
| Please note here your leisure interests, sports, hobbies and other pastimes etc. | | | | | | | | | | |
|  | | | | | | | | | | |
| LANGUAGE SKILLS | | | | | | | | | | |
| Which languages other than English do you speak and/or write | | | | | | | | | | |
|  | | | | | | | | | | |
| GENERAL COMMENTS | | | | | | | | | | |
| Please detail here your specific reasons for this application, your main achievements to date, the strengths you would bring to this post and any other information relevant to your application (continue on a separate sheet of paper if necessary). | | | | | | | | | | |
| **Have you ever been convicted of a criminal offence (including police cautions, official warnings etc)?**    **Please state YES OR NO:**  If **YES** please give details (Please note that this position is exempt from the provisions of the Rehabilitation of Offenders Act 1974). An offer of employment will only be made subject to a satisfactory Disclosure and Barring Service check (Formerly CRB check). | | | | | | | | | | |
| **DECLARATION** (please read this carefully before signing this application)  I confirm that the above information is complete and correct and that any untrue or misleading information will give the employer the right to reject my application, to withdraw any offer of employment contract offered or, if employed dismiss without notice.  Signed:  Date: | | | | | | | | | | |
| FOR OFFICE USE ONLY DATE RECEIVED:  Reasons for Rejection:  1st Interview Date:  2nd Interview Date:  Notes on Interview/Short Listing Comments:  Offer Letter: YES or NO:  References: YES or NO:  Acceptance: YES or NO:  Medical: YES or NO:  Rejection Letter: YES or NO:  Acceptance Letter Received: YES or NO:  Qualifications Checked: YES or NO:  Start Date: | | | | | | | | | | |