**Application for Employment**

# PRIVATE & CONFIDENTIAL Please complete in BLOCK CAPITALS

1. **ABOUT THE VACANCY**

|  |
| --- |
| Position Applied for: |
| How did you hear of this vacancy?  |

# PERSONAL PARTICULARS

|  |
| --- |
| Full Name: Mr/ Ms/ Mrs/ MissForename:  Surname:Address:PostcodeHome telephone no: Mobile:Business:(Tick box if you do not want to be contacted at work). E-mail address: |
| Do you have the right to work in the United Kingdom? Yes/No |
| Do you have another job? Yes/No |
| Are you claiming any benefits? Yes/No |

# EDUCATION AND QUALIFICATIONS

|  |  |  |  |
| --- | --- | --- | --- |
| University/College/ schools Institute Attended | Dates | Subjects Studied Type of Training | Qualifications Obtained |
|  | From | To |  |  |
|  |  |  |  |  |
| Professional Associations: Please state whether you are a member of any technical or professional association, and if so which: |
| Foreign Languages: Please list any foreign languages you speak and your level of competence, both oral and written: |

# EMPLOYMENT HISTORY

Please list starting with the most recent, all the organizations for which you have worked previously:

|  |  |  |  |
| --- | --- | --- | --- |
| Name(s) and Address(es) of Employer(s) | Dates | Position Held/ Main Duties | Reason for Leaving |
|  | From | To |  |  |
|  |  |  |  |  |
| Please give details of any experience, skill or achievements which you feel may be relevant in your application for employment. (Continue on separate sheet if necessary). |

1. **SUPPLEMENTARY INFORMATION**

|  |  |
| --- | --- |
| Have you ever been convicted of a criminal offence: (which is not a spent conviction under the Rehabilitation of Offenders Act 1974 as modified by the Legal Aid, Sentencing and Punishment Act 2012).If yes, please give details: | Yes / No |
| Are you currently subject to any contractual "restraints of trade" clauses?If yes, please give details: | Yes / No |
| Do you have any commitments which might limit your working hours?If yes, please give details: | Yes / No |
| Are you willing to work overtime and weekends when required? | Yes / No |
| Have you worked for us before? If yes, please provide reasons for leaving: | Yes/No |

1. **LICENCE INFORMATION**

|  |  |
| --- | --- |
| Do you have a current full driving license?  | Yes/No |
| Any current endorsements? If yes, give details. | Yes/No |
| Any motoring prosecutions pending? If yes, give details. | Yes/No |

1. **OTHERS**

Please give the names and addresses of two referees who are not related to you, who we can approach for a confidential assessment of your suitability for this job. (One of these must normally be a previous employer).

Can we approach your present/most recent employer? Yes / No

|  |  |
| --- | --- |
| **Reference 1** | **Reference 2** |
| Name:Position:Address:Post code:Telephone:Email: | Name:Position:Address:Post code:Telephone:Email: |
| Do we need to make any disability-related adjustments to allow you to take part in the recruitment process?If you obtained this position, would you continue in any other employment: Yes/NoHow much notice are you required to give to leave your present employment?What is your expected salary range? |
| **DECLARATION OF APPLICANT*** I authorise Seva Care to obtain references to support this application once an offer has been made and accepted and release Seva Care and referees from any liability caused by giving and receiving information.
* I confirm that the above information is correct. I understand that any job offer made on the basis of untrue or misleading information may lead to rejection or, if employed, dismissal.
* I understand the Organization will use and keep information I have provided on this application or elsewhere as part of the recruitment process and/or personal information supplied by third parties such as references, relating to my application or future employment. I understand that the information provided will be used to make a decision

regarding my suitability for employment and if successful the information will be used to form my personnel record and will be retained for the period set out in the Organization’s employee privacy notice.* I am aware that It is Seva Care’s policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate based on race, gender, religion, national origin, physical or mental disability, age, sexual orientation, and gender identity by employers

Signed: Dated:  |

**FOR OFFICE USE ONLY INTERVIEW RECORD**

|  |
| --- |
| Interviewed by: Date: |
| Interviewer’s report and reasons for decision as indicated below: |
| Decision: (Tick as applicable) Accept\_\_\_\_\_\_\_\_ Reject\_\_\_\_\_\_\_\_ Further Interview\_\_\_\_\_\_\_\_\_\_ Rejection letter sent: Yes/No |

|  |
| --- |
| **APPOINTMENT RECORD** (To be completed where there has been an offer of employment). |
| Right to work in UK status? Yes/NoAppropriate documentary evidence checked. |
| CONDITIONAL OFFER LETTERDate sent:Response:Acceptance/Refusal/No reply | REQUESTS FOR REFERENCESDate sent:Response:Good/Satisfactory/No Reply/Suspect/Unsuitable |

**Reference Checking Consent and Authorization Form**

**Disclosure**

**Please read the information on this form carefully and completely.**

I have applied for employment with The Seva Care Group (UK) Ltd and have provided information about my previous employment. I authorize Seva Care to conduct a reference check with my present and/or previous employer(s). I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor, rehire potential, dates of employment, salary and employment history.

 My signature below authorizes my former or current employers and references to release information regarding my employment record with their organizations and to provide any additional information that may be necessary for my application for employment to The Seva Care Group (UK) Ltd. I knowingly and voluntarily release all former and current employers, references, and Seva Care Group from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment.

 I further authorize the Seva Care Group to obtain feedback and references from my supervisors over the course of my employment with the Seva Care Group. I understand that subsequent and continued employment with the Seva Care Group may be subject to this feedback. This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original which I sign.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_