

# Homeward Bound Help

## APPLICATION FOR EMPLOYMENT

PRIVATE & CONFIDENTIAL

### PERSONAL DETAILS

page 1

<b>Surname</b>	<b>Mr/Mrs/Miss/Ms</b>	<b>Photo</b>
<b>Forename(s)</b>		
<b>Current Address</b>		
<b>Postcode</b>		
<b>Tel (Home)</b>	<b>Mobile</b>	
<b>Email</b>		

If less than 5 years at this address, state your previous address/es

<b>Address</b>			
<b>Postcode</b>	<b>From</b>		<b>To</b>
<b>Address</b>			
<b>Postcode</b>	<b>From</b>		<b>To</b>
<b>Address</b>			
<b>Postcode</b>	<b>From</b>		<b>To</b>

<b>National insurance No</b> / / / /	<b>Date of Birth</b>	
<b>Nationality</b>	<b>Do you require a visa to work in the UK?</b>	
<b>Visa No</b>	<b>Expiry Date</b>	
<b>Emergency Contact Details/Next of Kin</b>		
<b>Name</b>	<b>Relationship</b>	
<b>Address</b>		
<b>Tel: Home</b>	<b>Work</b>	<b>Mobile</b>

Application for (please tick)

<b>Helper</b>	<input type="checkbox"/>	<b>Pet Helper</b>	<input type="checkbox"/>
---------------	--------------------------	-------------------	--------------------------

### HOMEWARD BOUND HELP IS AN EQUAL OPPORTUNITIES EMPLOYER

The sole criterion of selection of applicants will be suitable for the Job Position, regardless of age, race, ethnic origin, creed, colour, religion, political affiliation, parenthood or sexual orientation/gender, applicants with physical disabilities will only be prohibited from positions where the job duties involve activities which would make it impossible or inherently hazardous to perform.

Homeward Bound Help

Tel: 01925 596 405 Mob: 07788 525 652 Email: [info@homewardboundhelp.com](mailto:info@homewardboundhelp.com)

Web: [www.homewardboundhelp.com](http://www.homewardboundhelp.com)

<b>Are you known by any other name?</b>	
<b>Marital Status: Married / Single / Divorced / Separated / Widowed (delete as applicable)</b>	
<b>Number of Dependants</b>	<b>Age(s) of dependants</b>
<b>Partners Occupation</b>	

**Background Information (Please answer YES or NO to each question)**

<b>Have you ever been:</b>		
<b>Cautioned</b>	<input type="text"/>	<b>If yes to any, please provide details here</b>
<b>Discharged on payment of costs</b>	<input type="text"/>	
<b>Fined</b>	<input type="text"/>	
<b>Sentenced to Imprisonment</b>	<input type="text"/>	
<b>Placed on Probation</b>	<input type="text"/>	
<b>Or had any order made against you by a criminal, civil or military court or public authority</b>	<input type="text"/>	
<b>Are there any prosecutions pending</b>	<input type="text"/>	
<b>Have you ever been dismissed from employment for misconduct?</b>	<input type="text"/>	
<b>Have you ever been declared bankrupt?</b>		
<b>Are there any outstanding judgements for debt against you?</b>		
<b>If Yes, please give details</b>		

<b>Driving Licence</b>			
<b>Do you hold a current driving licence?</b>	<input type="text"/>	Provisional	<input type="checkbox"/>
	<input type="text"/>	Full	
	<input type="text"/>	No	
<b>How long held?</b>	<input type="text"/>	Years	<input type="text"/>
			Months
<b>Do you have access to a vehicle</b>			
<input type="text"/>	Yes	<input type="text"/>	No

<b>Give details of any endorsements or driving restrictions</b>
---

**Education**

Give details of schools/college attended and qualifications gained

**Do you hold certificates in:**

First Aid	Expiry Date	
-----------	-------------	--

**MEDICAL DETAILS**

	Yes	No
Have you been absent from, or been unable to work during the last 2 years?		
Are you currently receiving any form of medication/medical treatment?		
Do you consider yourself to be suitably fit to work at night?		
Have you ever received treatment for drug or alcohol abuse?		
Have you ever been refused a driving licence on health grounds?		
Have you ever had medical insurance refused, or offered subject to special conditions?		
Do you have normal vision (with glasses/contact lenses)		
Are you registered disabled?		
Registration Number:		

**Have you ever suffered from any form of:**

<input type="checkbox"/>	Epilepsy/fits/blackouts	<input type="checkbox"/>	Nervous disorders	<input type="checkbox"/>	Joint/back pain
<input type="checkbox"/>	Eyesight difficulty	<input type="checkbox"/>	Hearing difficulty	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	Mental condition	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Low blood pressure	<input type="checkbox"/>	Arthritis/Rheumatis	<input type="checkbox"/>	Heart disease
<input type="checkbox"/>	Discharge from ears/nose/eyes	<input type="checkbox"/>	Boils/styes/septic fingers	<input type="checkbox"/>	Skin disease
<input type="checkbox"/>	Lung disease	<input type="checkbox"/>	Stomach illness	<input type="checkbox"/>	Other/please state

If Yes to any of the above, please give details

**Name and address of your doctor**

Name	Telephone	
------	-----------	--

Surgery Address

I confirm that the answers to these questions are true and accurate to the best of my belief and knowledge. I give this undertaking that I am fit and well both mentally and physically and am able to carry out my duties as required.

Signature:	Full Name (PRINT)	Date:
------------	-------------------	-------

# EMPLOYMENT RECORD

Please provide details of your previous employment for the last 10 years or since leaving full time education. Start with the **most recent job first**. Please attach additional information to application if required.

Start Date	Finish Date
Your Job Title	Contact Name
Your Employer	
Address	
Postcode	Telephone
Reason for leaving	

Start Date	Finish Date
Your Job Title	Contact Name
Your Employer	
Address	
Postcode	Telephone
Reason for leaving	

Start Date	Finish Date
Your Job Title	Contact Name
Your Employer	
Address	
Postcode	Telephone
Reason for leaving	

Start Date	Finish Date
Your Job Title	Contact Name
Your Employer	
Address	
Postcode	Telephone
Reason for leaving	

Start Date	Finish Date
Your Job Title	Contact Name
Your Employer	
Address	
Postcode	Telephone
Reason for leaving	

## PERSONAL REFEREES

Please provide details of at least two persons, not related to you, who have known you for over three years who we may approach for a character reference. One must be your present or most recent employer.

### Referee One

Mr/Mrs/Miss	Forename	Surname
Address		
Postcode	Telephone	
Occupation	How long have you known this person?	
In what capacity do you know this person?		

### Referee Two

Mr/Mrs/Miss	Forename	Surname
Address		
Postcode	Telephone	
Occupation	How long have you known this person?	
In what capacity do you know this person?		

### Referee Three

Mr/Mrs/Miss	Forename	Surname
Address		
Postcode	Telephone	
Occupation	How long have you known this person?	
In what capacity do you know this person?		

## SELF EMPLOYMENT REFEREES

If you have been self-employed please give the name, address and telephone number of two professional referees who can confirm this (e.g. solicitor, bank manager or accountant)

### Referee One

Mr/Mrs/Miss	Forename	Surname
Address		
Postcode	Telephone	
Occupation	How long have you known this person?	
In what capacity do you know this person?		

### Referee Two

Mr/Mrs/Miss	Forename	Surname
Address		
Postcode	Telephone	
Occupation	How long have you known this person?	
In what capacity do you know this person?		

Through the 1975 Exemption Order of the Rehabilitation of Offenders Act, 1974, and by virtue of the nature of the post for which you are applying, we are obliged, as your prospective employers, to ask the following questions.

Any information supplied by yourself will remain confidential and considered only in relation to this Job Application:

With the exception of minor motoring offences, have you ever been convicted of any criminal offence by a court of law?

Have you ever been convicted of abuse, or been subject to any investigation enquiry into abuse or other inappropriate behaviour?

**YES / NO**

dates: If "YES" please provide brief details of the offence(s)/ Investigation and relevant

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

Date:

**JOB FLEXIBILITY**

Prepared to work: FULL-TIME / PART-TIME / SHIFTS

If PART-TIME please indicate preferred hours: \_\_\_\_\_

Please provide details of any outstanding holidays to be taken:

Available to take up employment from: \_\_\_\_\_

**CHECK LIST - BRING TO INTERVIEW IF AVAILABLE**

- |                         |                          |                    |
|-------------------------|--------------------------|--------------------|
| Passport                | <input type="checkbox"/> | CRB certificate    |
| Full Driving License    | <input type="checkbox"/> | Other certificates |
| M.O.T certificate       | <input type="checkbox"/> | References         |
| V5 documentation        | <input type="checkbox"/> |                    |
| 2 x Passport Photo's    | <input type="checkbox"/> |                    |
| Car Insurance Documents | <input type="checkbox"/> |                    |
- (business use insurance is required for your car)

## **Declaration and Authority to Provide Information**

I..... (insert full name in capitals)  
certify that the information I have provided in this application  
is correct and true to the best of my knowledge and belief and agree to co-operate  
by providing any additional information required.

I fully understand that it is a criminal offence to obtain employment  
by deception under **Section 16 of the Theft Act 1968**.

I also understand that any misrepresentation of facts is grounds  
for immediate dismissal and possible prosecution.

I further certify that I have completed this application form  
in my own handwriting and I understand that any employment  
is subject to satisfactory screening.

I understand and agree that any offer of employment is conditional  
Homeward Bound Help satisfaction,  
of the information provided in the Application Form.

I understand that the check will involve verification of the details specified below:

---

### **CHECKS TO BE CARRIED OUT**

- \* **Passport/ID & relevant visas – right to work in the UK**
  - \* **Residency check**
  - \* **County Court Judgement/Bankruptcy checks**
  - \* **5-year employment check**
  - \* **Criminal Records Check**
- 

**I hereby authorise Homeward Bound Help** to approach previous employers, government agencies, credit agencies and referees to verify and support the information I have given and confirm that my consent is explicit, fully informed and freely given.

<b>Signature of Applicant</b>	<b>Print Name</b>
-------------------------------	-------------------

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

---

### **Homeward Bound Help**

**Tel:** 01925 596 405 **Mob:** 07788 525 652 **Email:** [info@homewardboundhelp.com](mailto:info@homewardboundhelp.com)

**Web:** [www.homewardboundhelp.com](http://www.homewardboundhelp.com)