

# THE OAKS.

**STRICTLY CONFIDENTIAL**

**STRICTLY CONFIDENTIAL**

## APPLICATION FORM.

page 1

SURNAME.  DATE.

FORENAMES.  DATE OF BIRTH.

ADDRESS.

TELEPHONE NUMBER.  DATE AVAILABLE FOR WORK.

PREVIOUS ADDRESS.  POSITION APPLIED FOR

TELEPHONE NUMBER.  SALARY REQUIRED.£  P/W

MARITAL STATUS. SINGLE,-----PARTNER,---- MARRIED,---- DIVORCED,---- DO YOU SMOKE.  
YES, ----- NO -----  
IF YES HOW MANY A DAY,  
per day,-----

HOW MANY HOURS CAN YOU WORK PER WEEK

HOW LONG WOULD YOU LIKE THIS JOB FOR

PROPOSED FORM OF TRANSPORT.

DO YOU DRIVE YOUR OWN CAR.

DO YOU KNOW ANY ONE THAT WORKS HERE

IF YES TO ABOVE WHO

HAVE YOU EVER SUFFERED FROM BACK TROUBLE. YES  NO

PERSONAL HEALTH DETAILS.

WHAT SHIFTS CAN YOU WORK..	
ALL DAY,	7.30am 5.00pm
MORNINGS.	7.30am 1.00pm
AFTERNOONS.	1.00pm 5.00pm
EVENINGS,	5.00pm 10.30pm
NIGHTS.	10.30pm 7.30am
WEEKENDS.	day's
WEEKENDS.	night's

ARE YOU RECEIVING THE WORKING FAMILIES TAX CREDIT YES, ----- NO -----

WILL YOU BE APLYING FOR FAMILIES TAX CREDIT IN THE FUTURE YES, ----- NO -----

NUMBER OF DAYS LOST DUE TO ILLNESS IN THE LAST 12 MONTH.

PLEASE SPECIFY FOR WHAT REASON.

ANY DISABILITIES WHICH MAY AFFECT YOUR APPLICATION . YES  NO

IF SO PLEASE SPECIFY.  R.D P NUMBER.

**EMPLOYMENT (starting with your most recent employment )**

page 2

CURRENT EMPLOYER.
TELEPHONE NO

START DATE.
LEAVING DATE.
START WAGES. £
LEAVING WAGE. £
HOURS YOU WORKED PER WEEK.

JOB TITAL.
------------

DUTIES AND RESPONSIBILITIES.

WHY DID YOU LEAVE.

PREVIOUS EMPLOYER.
TELEPHONE NO

START DATE.
LEAVING DATE.
START WAGES. £
LEAVING WAGE. £
HOURS YOU WORKED PER WEEK.

JOB TITAL.
------------

DUTIES AND RESPONSIBILITIES.

WHY DID YOU LEAVE.

PREVIOUS EMPLOYER.
TELEPHONE NO

START DATE.
LEAVING DATE.
START WAGES. £
LEAVING WAGE. £
HOURS YOU WORKED PER WEEK.

JOB TITAL.
------------

DUTIES AND RESPONSIBILITIES.

WHY DID YOU LEAVE.

WHY WOULD YOU LIKE TO WORK <u>HERE</u>

WHAT DO YOU THINK YOU CAN GIVE <u>TO THIS JOB</u>



SUPPLEMENTARY TO APPLICATION FORM FOR PERSONS APPLYING FOR POST WHICH ARE EXCEPTED UNDER THE REHABILITATION OF OFFENDERS ACT 1974

DETAILS OF THE PROVISIONS OF THE ACT MAY BE CONSULTED IN THE BOOKLET "WIPING THE SLATE CLEAN" (HMSO)

BECAUSE OF THE NATURE OF THE WORK FOR WHICH YOU ARE APPLYING FOR THIS POST IS EXEMPT FROM THE PROVISIONS OF s.4 (2) OF THE REHABILITATION OF OFFENDERS ACT 1974 BY VIRTUE OF THE REHABILITATION OF OFFENDERS ACT 1974 (exceptions) ORDER 1975.

APPLICATIONS ARE, THEREFORE, NOT ENTITLED TO WITHHOLD INFORMATION ABOUT CONVICTIONS WHICH FOR OTHER PURPOSES ARE "SPENT" UNDER THE PROVISIONS OF THE ACT AND, IN THE EVENT OF EMPLOYMENT ANY FAILURE TO DISCLOSE SUCH CONVICTIONS COULD RESULT IN DISMISSAL OR DISCIPLINARY ACTION BY THE EMPLOYER. ANY INFORMATION GIVEN WILL BE COMPLETELY CONFIDENTIAL AND WILL BE CONSIDERED ONLY IN RELATION TO THIS APPLICATION.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE BY A COURT OF LAW (WITH THE EXCEPTION OF MINOR MOTORING OFFENCES OR OFFENCES COMMITTED AS A JUVENILE UNDER THE AGE OF 16 YEARS OLD)

YES .....

NO .....

SIGNATURE.....

DATE.....

IF YES PLEASE GIVE DETAILS INCLUDING THE OFFENCE AND THE DATE.

---

---

---

---

---

---

---

---

**It must be noted that confirmation of this post is reliant upon a satisfactory report from the C.R B. and also two satisfactory references. The first month of employment is a probationary period and the staff contract and a permanent position is only offered on successful completion of this period**

SIGNATURE .....

DATE.....

**IN CASE OF EMERGENCY, WHO WOULD YOU LIKE TO BE CONTACTED.**

FORENAMES.

SURNAME.

ADDRESS.

---

---

---

---