

Vestacare application for employment

**Section One: Job details**

|  |  |
| --- | --- |
| Job Title: |  |
| Job reference: |  |
| Job location: | Vestacare-any of the North West locations and Head Office |

**Section Two: Personal details**

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Address: |  | |
| Postcode: |  | |
| Contact: | Home telephone: |  |
| Mobile: |  |
| Email address: |  |
| For speed, all written communication will be via email | |
| Where did you find the advert for this vacancy? |  | |
| Do you hold a current driving licence ? |  | |

**Section Three: Eligibility to work in the UK**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you require a visa to work in the UK? | Yes  No | | |
| If required, do you hold a valid visa? | Yes  No | Expiry date |  |
| If yes, please state the type of visa? |  | | |

**Section Four: Employment history**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Current or most recent employer | | | | | |
|  | | | | | |
| Dates employed: | From | **“** | | To |  |
| Position(s) held: |  | |  | | |
| Brief description of duties: | | | | | |
| Reason for leaving: |  | Annual salary | |  | |
| Period of Notice: |  | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Previous employer | | | | | |
|  | | | | | |
| Dates employed: | From | **2** | | To |  |
| Position(s) held: |  | |  | | |
|  | | | | | |
| Reason for leaving: |  | Annual salary | |  | |
| Period of Notice: |  | |  | | |

**Other employment**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | Position held | Dates Employed | Reason for Leaving |
|  |  |  |  |

|  |
| --- |
| Additional information about any gaps in career history |
|  |

**Section Five: Education History**

|  |  |
| --- | --- |
| Schools attended |  |
| Qualifications (grade) | |
|  | |

|  |  |
| --- | --- |
| Higher education establishments attended |  |
| Qualifications (grade/class) | |
|  | |

|  |
| --- |
| Relevant training courses and professional qualifications |
|  |

**Section Six: Demonstration of your suitability for the role**

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| --- |
| Please indicate briefly why you are applying for this job. You should highlight here any particular skills and previous experience you have that you feel makes you a strong candidate. When doing so, you should remind yourself of the key knowledge and skills req for the post and the core values of Vestacare. |
|  |

**Section Seven: References**

Please provide full contact details of two work related referees, one of whom must be your current employer, or if not currently employed, your most recent employer. References will only be taken up for successful candidates and will not be contacted until a verbal conditional offer of employment has been made. All offers of employment are conditional and subject to references satisfactory to Vestcare and pre-employment checks, including Disclosure and Barring service (DBS).

**Referee One Referee Two**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title and Name | |  | | Title and name | | | | | | |
| Position | |  | | Position | | |  | | | |
|  | |  | |  | | |  | | | |
| Working Relationship | | | | Working Relationship | | | | | | |
| Daytime Telephone |  | | | Daytime Telephone | | | |  | | |
| Email |  | | | Email | | | |  | | |
| May we contact this referee once a verbal conditional offer of employment is made? | | | Yes | | No | May we contact this referee once a verbal conditional offer of employment is made? | | | Yes | No |

Section Eight: Further information and Declaration

If you are applying for a role at Vestacare, your offer of employment will be subject to a disclosure from the Disclosure and Barring service (DBS) that Vestacare deem to be satisfactory. Please tick the box below to confirm your consent to an Enhanced Level DBS check. You must understand that failure to reveal information that is directly relevant to the position will lead to the withdrawal of the conditional offer of employment or subsequent dismissal at a later date.

|  |  |
| --- | --- |
| I consent to an Enhanced level DBS disclosure |  |

## Data Protection: We take our obligations under data protection legislation seriously: these require us to explain how the data you have provided on this form, and how other personal data created in connection with your application, may be used. Any data about you will be held in secure conditions, with access restricted to those who need it in connection with your application and selection. Personal data relating to your application will be kept in secure conditions for up to one year if you are unsuccessful. We will be unable to process your application unless we can use your personal data in the ways described above. Please sign below to confirm that you give your consent to the use of your personal data in the ways described above.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Declaration**

**I declare that, to the best of my knowledge and belief, the information provided in this Application Form is correct.**

Please note, that should any information provided in the application form be found to be false, should there be any wilful omission or suppression of information directly relevant to the position, or failure to conform to any of Vestacare policies, this may lead to the withdrawal of the offer of employment, or the subsequent termination of your employment.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: | \12 |

Thank you for taking the time to complete this Application Form.