



**The Old Vicarage Residential Home**  
Ireleth Road  
Askam-In-Furness  
Cumbria  
LA16 7JD

Tel. (01229) 465189  
Fax. (01229) 468865

## **APPLICATION FOR EMPLOYMENT**

This form has been designed to tell us all we need to know about you at this stage. Please complete the form in black ink and block capitals.

**Position Applied For:**

### **Personal Information**

**Surname:**

**Forenames:**

**Title (Mr, Mrs, Miss, etc):**

**Previous names (if any):**

**Date of birth:**

**Address for communications:**

**Daytime telephone number:**

**Are you subject to immigration control? YES / NO**

**Are you free to take up employment in the UK? YES / NO**

**Dates you are not available for interview:**

## **Education**

From GCSE or equivalent to degree level in chronological order

<b>From</b>	<b>To</b>	<b>Establishment</b>	<b>Qualifications gained</b>

## **Employment History**

Please give details of previous employment including voluntary work.

Please indicate reason for any break in employment e.g. unemployment, maternity leave, ill health, etc.

Please begin with your present or most recent position and then work chronologically backwards.

<b>From</b>	<b>To</b>	<b>Name and address of employer</b>	<b>Description of duties and responsibilities and reason for leaving</b>

## **Other Information**

**Do you have any other qualifications or skills (e.g. knowledge of a foreign language, a full driving licence, computer literacy, etc.)?**

**Have you made a previous application to the Company? If so, when was this and what was the outcome?**

**Please give details of your main extra-curricular activities and interests.**

**Please use this space to say why you are interested in the post for which you have applied and mention anything else which supports your application.**

**If you are successful, when could you take up your post?**

**If you are disabled or suffer from an acute or chronic ill-health problem, please give details of any special arrangements you would require to attend interview.**

**Referees**

Please give details of two referees. Neither should be a relative or contemporary.

<b>First referee</b>	<b>Second referee</b>

**Declaration**

If this application is successful, I agree to undergo a CRB Disclosure application on behalf of Vicarage Care Ltd. This is to comply with Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Until such time as the check is completed I confirm that I have no criminal record “spent” or otherwise, nor are there any convictions impending.

I declare that the information I have given on this form is, to the best of my knowledge and belief, true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I may be dismissed.

Signed: .....

Date: .....