



"Absolute Best Care"

**EUREKA ENTERPRISES LTD**

**Form No: 03-1-30 RN JOB APPLICATION**

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**POSITION APPLIED FOR:**

**Job Reference:**

*Please complete this Application Form in block capitals in black or blue ink.  
Should you require more space please continue on a separate sheet clearly marking the  
section to which it relates.*

**A: PERSONAL DETAILS**

Title (Mr/Mrs/Miss/Ms/other): \_\_\_\_ Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: *Private:* \_\_\_\_\_ *Business:* \_\_\_\_\_ *Mobile:* \_\_\_\_\_

E-mal address: \_\_\_\_\_ This address is: Personal \_\_\_ Work \_\_\_

Date of Birth: \_\_\_\_\_ Do you need a permit to work in the UK? YES:\_\_\_ NO: \_\_\_

**B: DRIVING RECORD**

Do you have regular use of a car? YES: \_\_\_ NO: \_\_\_ Make / model / year: \_\_\_\_\_

Current Driving Licence: PROVISIONAL: \_\_\_ FULL: \_\_\_ PSV: \_\_\_ NONE: \_\_\_

Driving Licence valid from: \_\_\_\_\_ to: \_\_\_\_\_

Details of current endorsements : \_\_\_\_\_

Do you have any driving-related prosecutions / fixed penalties / endorsements or similar currently pending?  
YES: \_\_\_ NO: \_\_\_

If "YES" please provide brief details: \_\_\_\_\_

Have you ever been disqualified from driving? YES: \_\_\_ NO: \_\_\_

If "YES" please provide brief details: \_\_\_\_\_

Have you ever had insurance refused? YES: \_\_\_ NO: \_\_\_

If "YES" please provide brief details: \_\_\_\_\_

<b>C: EDUCATION &amp; PROFESSIONAL TRAINING (from year 11)</b>			
<b>Education Centre (school, college etc)</b>	<b>DATES</b>		<b>Qualifications gained</b>
	<b>from</b>	<b>to</b>	
<b>1. Secondary Education (secondary school)</b>			
<b>2. Higher Education (university / college / polytechnic)</b>			
<b>3. Further Education (Professional Training)</b>			
<b>4. Membership of Professional Organization / Trade Union</b>			

<b>D: LANGUAGES</b>
<p><b>Languages (other than English) :</b> _____ <b>SPOKEN / FLUENT / WRITTEN / READ</b>  : _____ <b>SPOKEN / FLUENT / WRITTEN / READ</b>  : _____ <b>SPOKEN / FLUENT / WRITTEN / READ</b></p>
<b>E: CRIMINAL RECORD CERTIFICATES</b>
<p>If the position you are applying for (whether paid or voluntary) is listed in Schedule 1, Part II of the <i>Rehabilitation of Offenders Act (Exceptions) Order 1975</i>, we are entitled to ask Exempted Questions as defined by Section 113(5) of the <i>Police Act 1997</i> about you. We are required to acquire a Criminal Record Certificate in relation to any person who is a Care Manager or Care Worker. This means that if your application is successful we will obtain from the Criminal Records Bureau a Criminal Record Certificate relating to you before your appointment is confirmed.</p> <p>Having a criminal record will not necessarily bar you from working with us. This will depend upon the nature of the position and the circumstances and background of your offences. We observe the "Code of Practice for Registered Persons and Other Recipients of Disclosure Information" published by the Criminal Records Bureau on behalf of the Home Office, and we will provide you with a copy of it upon request.</p>

<b>F: 5 YEAR EMPLOYMENT HISTORY</b>					
<i>Please provide details of all employment, beginning with your present or most recent job first</i>					
DATES		Employer	Salary	Position(s) held	Reason for leaving
from	to				
<b>G: VOLUNTARY &amp; COMMUNITY WORK EXPERIENCE</b>					
DATES		Organization	Position(s) held	Duties	
from	to				

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**H: JOB FLEXIBILITY**

**Prepared to work: FULL-TIME: \_\_\_ PART-TIME: \_\_\_ SHIFTS: \_\_\_**

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

**Details of any other work which you will continue to undertake if you are offered this Job Position:**

**Please provide details of any outstanding holidays to be taken:**

**AVAILABLE TO TAKE UP EMPLOYMENT FROM: \_\_\_\_\_**

**I: REFERENCES**

**Please provide details of 2 referees who we may approach with regards to this Job Application. These referees must not be members of your family, and one must be your present or most recent employer:**

1. Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

May we contact your referees prior to making a job offer? YES: \_\_\_ NO: \_\_\_

**J: DECLARATION BY JOB APPLICANT**

**ANY PERSON, UPON SUBSEQUENT EMPLOYMENT, THAT IS FOUND TO HAVE KNOWINGLY SUPPLIED FALSE OR MISLEADING INFORMATION, OR HAS DELIBERATELY WITHHELD RELEVANT INFORMATION, MAY BE SUBJECT TO DISCIPLINARY PROCEEDINGS WHICH MAY RESULT IN DISMISSAL**

**I have read and understood the information supplied to me in relation to this Job Position, and the information requested in this Job Application Form. I confirm that all information supplied by me is true and correct to the best of my beliefs.**

**I give the prospective employer the right to follow up all references and to make any other job-related enquiries as may be deemed necessary.**

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

**EUREKA ENTERPRISES UK LTD IS AN EQUAL OPPORTUNITIES EMPLOYER**

**The sole criterion for selection of applicants will be suitability for the Job Position, regardless of gender, background, culture, ethnic denomination, religious affiliation, marital status or disability.**

***Data Protection Act, 1998:* Your signature on this document gives us the right, under the *Data Protection Act, 1998* to process the information you have given, including data of a sensitive nature, relating to your application for employment. Any processing of the data by us will be in accordance with our Policy and the processing principles set out in the Act. Application forms of unsuccessful candidates will be destroyed after 6 months in accordance with our Record-keeping Policy.**