

### Application Form

42 Thornton Road, Kirkmuirhill, South Lanarkshire, ML11 9QE

Name: \_\_\_\_\_

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

Tel No: (Home) \_\_\_\_\_ (Mobile): \_\_\_\_\_ Email: \_\_\_\_\_

Position Applied for:

Care Assistant  Domestic  Care Co-ordinator  Team Leader  Administration

Full Time  Part Time  Permanent  Temporary  Casual

SSSC Number (if applicable): \_\_\_\_\_

UK Valid Driving Licence: Yes  No

Endorsements: Yes  No   
(Give details)

Current Salary and Job Title: \_\_\_\_\_

Do you have any of the following qualifications or equivalent?

SVQ 2  SVQ 3  SVQ 4  Other: \_\_\_\_\_

Which days are you available to work?

Monday	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>
Tuesday	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>
Wednesday	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>
Thursday	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>
Friday	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>
Saturday	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>
Sunday	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>

Education History

School/Further Education	Address	From-To

Qualifications Obtained:

Training History

(If you have undertaken and training relevant to this post please provide details)

Course Details	Date	Training Provider

Employment History

Name of Employer	Position Held & Employment Dates	Details of Job

What relevant experience do you have which would make you suitable for the job?  
 Any other information which you may feel 121 should know about you, life experiences, hobbies, interest etc.

References

Please give details of **two** references, one of whom must be your most recent employer.

<u>Reference 1</u>
Name: _____
Job Title: _____
Organisation: _____
Address: _____
_____
_____
Tel Number: _____
Dates employed, From/ To or no. of months/ years known: _____
Capacity in which they know you (e.g. line manager): _____
May we contact this reference prior to interview? _____
Email: _____
<u>Reference 2</u>
Name: _____
Job Title: _____
Organisation: _____
Address: _____
_____
_____
Tel Number: _____
Dates employed, From/ To or no. of months/ years known: _____
Capacity in which they know you (e.g. line manager): _____
May we contact this reference prior to interview? _____
Email: _____

Are you related to anyone employed at any 121 Care At Home (LTD)?  
 If Yes, please state name of the person(s):

\_\_\_\_\_

Are you related to anyone who has previously been employed by 121 Care At Home (LTD)?  
 If Yes, please state the name of the person(s):

\_\_\_\_\_

Health Questionnaire

Name:			
Position Applied for:			
	Yes	No	Details
Have you visited your GP within the last six month?			
Have you been an in-patient in hospital in the past year?			
Are you receiving treatment for any medical condition?			
Do you suffer from any problems with your back, shoulders, legs or arms?			
Do you or have you suffered from any of the following?  Cardiac problems Breathlessness Diabetes Stomach Ulcers Bowel disorder Epilepsy Mental health problems Other (please specify)			



Skills and Abilities/ Knowledge & Experience/ Qualities

This is an important part of the application. Tell us why you are applying for this job. You should also show how you meet the requirements of the person specification by providing details of your experience, skills & knowledge gained in employment, voluntary work or elsewhere.

If you are unsuccessful in this application, we will keep this form on file for 6 months should you wish to be considered for other vacancies within the organisation. Please tick to show your agreement to this.

Previous Application: If you have previously applied to us for work, when did you apply and what was the vacancy?

\_\_\_\_\_

Were you interviewed? Yes  No

If yes, what was the outcome?

**Declaration**

I declare that to the best of my knowledge and belief the information given is true, and I understand that employment will be considered subject to the particulars being correct. I further understand and accept that if any of the information given in this document is incorrect or untrue, that the Company reserves the right to immediately terminate my employment with them.

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

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

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**PLEASE RETURN THIS APPLICATION FORM TO:**

**121 CARE AT HOME LTD  
42 THORNTON ROAD  
KIRKMUIRHILL  
SOUTH LANARKSHIRE  
ML11 9QE**