



EMPLOYMENT APPLICATION FORM

ADDRESS: Unit 2, 96 Romford Road, Stratford E15 4EQ

TEL: Telephone No: 02082212909 07958691136.

COMPANY REG NO: 5327819

Position Applied For:		National Insurance No:	D.O.B
Personal Details			
Surname:		First Name:	
Address:			
Tel: (Home)	Tel: (Work)	Tel: (Mobile)	E-mail:
Nationality at Birth:		Nationality Now:	
Are you subject to Immigration control? (If yes, please give details. YES/NO)		Are you free to remain and take up employment in the UK? YES/NO	
Do you own a Car? YES/NO		Do you own a full & current driving licence? YES/NO	

Current or Most Recent Employment				
Job Title:		Date From:	Date to:	Notice required:
Name & Address of Employer:				
Salary:	Grade:	Reason for leaving:		
Brief description of current or most recent duties:				

For the sections below, please continue on a separate sheet of paper if necessary.

Previous Employment History (most recent post first)					
Employer:	Job title:	Salary/ Grade:	Date from:	Date to:	Reason for leaving:
How many periods of sickness have you had over the last 2 years?					
How many days in total?					

Education including Professional Development e.g NVQ, Open University etc.			
Secondary School/College/University:	Dates Attended:	Qualifications:	Dates Obtained:
Training Courses Attended (most relevant)			

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Other Skills: Please give details of any other skills relevant to the post applied for.

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Comments: Please explain why you have applied for this post and list any skills that could support your application

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Leisure Interests: Please tell us about your hobbies, interests, membership of clubs and societies etc.

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References (please provide details of two referees including current/last employer

Reference 1		Reference 2	
Name		Name	
Relationship		Relationship	
Address		Address	
Tel. No:		Tel. No:	
Email Address		Email Address	

Can we take up references before an offer is being made? YES/NO

Period of notice in current employment?

Have you any holiday booked? YES/NO

If YES please give dates:

Have you lived outside the UK for a period longer than 6 months in the last 5 years YES/NO

Place and Country of Residence:

Date:

DISABILITY DISCRIMINATION

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The Disability Discrimination Act 1995 (DDA) protects disabled people. The DDA defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (ie has lasted or is expected to last at least 12 months) and adverse effect on the person's ability to carry out normal day-to-day activities.

The list below contains examples of the types of impairment:

- Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches.
- Sensory impairment, such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment.
- Mental health condition, such as depression or schizophrenia.
- Learning disability such as dyslexia or cognitive impairment such as autism.
- Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy.
- Other, such as disfigurement.

Do you consider yourself to be disabled?

Yes No

If you have answered YES do you require any particular facilities or adjustments to assist you:

To attend the interview?

Yes No

If you have answered YES do you require any particular facilities or adjustments to assist you:

A. To attend the interview?

Yes No

If YES please provide details:

B. If you are offered employment?

Yes No

If YES please provide details:

DECLARATION

I understand and acknowledge that should I knowingly make a false statement to any questions on this form or should I wilfully conceal any material fact, I will, if engaged, be liable to the termination of my Contract of Service, either with or without notice.

Signature of Applicant:

Date:

Signature of Interviewer:

Date:

EQUAL OPPORTUNITIES MONITORING

Monitoring Information

(Supreme Home Care) is committed to the principle of equal opportunities in employment. We aim to ensure that all employees are recruited, trained and promoted solely on the basis of their skills and attributes.

We are committed to best practice recommendations that employers should regularly monitor the effects of selection decisions to assess whether equality of opportunity is being achieved.

For this purpose, we ask you to choose one option from each of the sections listed below and then tick or place an X in the appropriate box.

The information you provide will not be made available to those involved in the recruitment process. It will be used solely for the purposes of equal opportunities monitoring.

1. Your age

16 - 24		45 - 54	
25 - 34		55 - 64	
35 - 44		65+	

2. Your ethnic group

These are based on the Census 2001 categories, and are listed alphabetically.

Asian, Asian British, Asian English, Asian Scottish or Asian Welsh

	Bangladeshi		Indian		Pakistani
	Any other Asian background Specify if you wish:				

Black, Black British, Black English, Black Scottish or Black Welsh

	African		Caribbean		
	Any other black background Specify if you wish:				

Chinese, Chinese British, Chinese English, Chinese Scottish or Chinese Welsh, or other ethnic group

	Chinese		Any other Chinese background Specify if you wish	
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Mixed

	White and Black African		White and Black Caribbean	White and Chinese
	Any other mixed background Specify if you wish:			

White

	British		English	Irish
	Scottish		Welsh	
	Any other white background Specify if you wish:			

3. Your Gender

Female		Male		Prefer not to say	
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4. Your religion or belief

Which group below do you most identify with?

	No religion		Baha'i	Buddhist
	Christian		Hindu	Jain
	Jewish		Muslim	Sikh
	Prefer not to say		Any other religion Specify if you wish:	

Thank you for taking the time to complete this form.