



APPLICATION FORM

Application for employment as: *Support Worker*

Surname (Block Letters) _____

Other names _____

Address _____

Telephone Number _____ Mobile Phone _____

Email Address _____

Education and Training

Details and results of any examinations taken

Further education (e.g. college, evening classes) _____

Any craft or other training _____

Please tell us about other jobs you have done and about the skills you used and or learned in those jobs. Please continue on a separate sheet if required.

Please tell us why you applied for this job and why you think you are the best person for the job.

Have you ever been convicted of a criminal offence? Yes/No
(declaration subject to the Rehabilitation of Offenders Act 1974)

If you have a disability please tell us about any adjustments we may need to make to assist you at interview _____

Please tell us if there are any dates when you will not be available for interview _____

I can confirm that to the best of my knowledge the above information is correct, I accept that providing deliberately false information could result in my dismissal.

Signature _____ Date _____

Continuation sheets may be used to provide all requested information.

Referees – no application will be made for a reference until a firm job offer has been made.

Referee

Referee

Name

Name

Address

Address

Telephone No:

Telephone No:

Please return completed application form to:

FAO Shaun Lloyd, STARS Domiciliary Care Ltd, Unit 10 Garth Drive, Brackla, Bridgend, CF31 2AQ. Tel 01656 333023 ext 1