

APPLICATION FORM

Application for employment as:	Support Worker	
Surname (Block Letters)		
Other names		
Address		-
	Makila Dhana	
	Mobile Phone	
Email Address		
Education and Training		

Details and results of any examinations taker	Details a	and	results	of	any	examinations	taker
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Further education (e.g. college, evening classes)

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Any craft or other training_____

Employment History

Present Employer		
Address		 -
Job Title		
Duties		
Rate of pay		
Date employed from:	to	
Reason for leaving		

NO APPROACH WILL BE MADE TO YOUR PRESENT EMPLOYER BEFORE AN OFFER OF EMPLOYMENT IS MADE TO YOU.

Please list any previous employment in date order in the box below:-

Company Name	Job Title	Start Date	Leaving Date	Full Time	Part Time	Hours of Work	Rate of Pay	Reason for leaving

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.

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	_
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 interview	at
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.	
SignatureDate	
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	•

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