

# SARAH DAP LIMITED

(Domiciliary / Supported Living)

## APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS AND USE **BLACK INK ONLY**- RETURN COMPLETED FORM TO: Head Office: **45 The Beeches, Tilbury, Essex, RM18 8ED**

**FULL NAME:** Mr/Mrs/Ms

.....

**ADDRESS:**.....

.....

**POST CODE:**.....**HOME TEL NUMBER:** .....

**NATIONAL INSURANCE NUMBER:**.....

**IDENTIFICATION:** (Two forms required) .....

**DATE AVAILABLE TO COMMENCE:**.....

**PREVIOUS EXPERIENCE:** (Please give work history over the last ten years including place of employment, job title, start / end dates, reason for leaving and brief explanation of duties. Use additional sheet if required)

**NAME, ADDRESS, CONTACT DETAILS OF TWO REFEREES:** (One to be most recent employer)

**EDUCATIONAL QUALIFICATIONS:**

**COURSES ATTENDED:**

**PROFESSIONAL QUALIFICATIONS:**

**P. I. N. No.**

**HOBBIES & LEISURE INTERESTS:**

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## PAYMENT DETAILS

Page 2

PAYMENT WILL BE MADE FOR EACH FOUR-WEEK PERIOD, CHEQUE WILL BE PREPARED AFTER THE END OF THE MONTH PAYABLE TO EACH EMPLOYEE.

### BANK DETAILS:

NAME OF BANK/BUILDING SOCIETY: .....

BRANCH ADDRESS:.....

SORT CODE:...../...../.....ACCOUNT NUMBER: (8 figs).....

BUILDING SOCIETY REF. NO./ROLL NO:.....

ACCOUNT IN THE NAME OF:.....

**PLEASE ENSURE ACCURACY OF THE ABOVE DETAILS. WE CANNOT BE HELD RESPONSIBLE FOR LATE PAYMENT DUE TO INACCURATE INFORMATION SUPPLIED**

### TAX INFORMATION:

P.45 FORM SUPPLIED BY APPLICANT: YES / NO

P46 FORM SIGNED BY APPLICANT: YES / NO

IS THIS THE APPLICANTS ONLY EMPLOYMENT: YES / NO

JOB DESCRIPTION RECEIVED BY APPLICANT: YES

TERMS AND CONDITIONS OF EMPLOYMENT SEEN: YES

### FOR OFFICIAL USE ONLY

REFERENCE TAKEN DATE: JOB TITLE:

DATE OF COMMENCEMENT: HOURLY RATE/SALARY:

HOLIDAY ENTITLEMENT: WEEKLY HOURS:

CONTRACT ISSUED DATE: HOUSE ADDRESS:

# SARAH DAP LIMITED

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Page 3

## DECLARATION BY EMPLOYEE

### **HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?**

(Declaration subject to the Rehabilitation of Offenders Act)

Please give details. You may use the back of this page.

I AM WILLING TO HAVE A CHECK CARRIED OUT AT THE CRIMINAL RECORDS BUREAU AND TO HAVE ANY INFORMATION DISCLOSED TO THE ORGANISATION.

Print Name:.....Signature:.....

### **HEALTH STATUS**

ARE YOU IN GOOD HEALTH? YES / NO

ARE YOU CURRENTLY UNDER THE CARE OF  
A DOCTOR OR OTHER MEDICAL PROFESSIONAL? YES / NO

ARE THERE ANY CONDITIONS THAT MAY AFFECT YOUR APPLICATION?  
Please give details:

DO YOU SUFFER ANY OF THE FOLLOWING:  
Back problems/headaches/diabetes/kidney disorder/bladder/painful periods  
Please give details:

ARE YOU REGISTERED DISABLED? YES/NO R.D.P. NUMBER:.....

### **HAVE YOU BEEN RECEIVING ANY OF THE FOLLOWING STATE BENEFITS DURING THE LAST 57 DAYS?**

This information is required for Statutory Sick Pay Purposes and will NOT affect your application

- 1) SICKNESS BENEFIT: YES/NO DATE OF CLAIM:
- 2) MATERNITY ALLOWANCE: YES/NO DATE OF CLAIM:
- 3) INVALIDITY PENSION: YES/NO PLEASE GIVE DETAILS:
- 4) NON-CONTRIBUTORY INVALIDITY PENSION: YES/NO
- 5) UNEMPLOYMENT BENEFIT/JOBSEEKERS ALLOWANCE: YES/NO

I CONFIRM THAT THE ABOVE DETAILS ARE TRUE AND CORRECT AND THAT ANY MISREPRESENTATION WILL INVALIDATE MY APPLICATION AND IF EMPLOYED, COULD LEAD TO DISMISSAL.

I AM PREPARED TO UNDERGO A MEDICAL EXAMINATION IF REQUIRED, AND CONFIRM THAT TO THE BEST OF MY KNOWLEDGE THERE ARE NO MEDICAL REASONS WHICH WOULD PREVENT ME FROM UNDERTAKING THE DUTIES OF THE POST.

I ACCEPT THAT ANY EMPLOYMENT IS SUBJECT TO A TERM OF THREE MONTHS PROBATION, AND AGREE TO ABIDE BY THE TERMS AND CONDITIONS OF EMPLOYMENT OF THE ORGANISATION.

EMPLOYEES DECLARATION: I CERTIFY THAT THE ABOVE DETAILS ARE CORRECT

**SIGNED:**

**DATE:**

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## EQUAL OPPORTUNITIES POLICY

**SARAH DAP LIMITED IS AN EQUAL OPPORTUNITIES EMPLOYER.**

The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment on the ground of race, colour, creed, nationality, ethnic or national origin, religious belief, political opinion or affiliation, sex, marital status, sexual orientation or disability, or is disadvantaged by conditions or by requirements which cannot be shown to be justifiable.

Our selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant abilities.

All employees are given equal opportunity and are encouraged to progress within the Organisation.

We are committed to an ongoing programme of action to make this policy effective. To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information:-

I would describe my ethnic origin, nationality and sex as:- (please tick)

White	Black-Caribbean	Black-African	Black-Other (Please specify)	
Indian	Pakistani	Bangladeshi	Chinese	Other (Please specify)

Nationality..... Male Female

Signed.....JOB.....

(Print Name).....DATE.....

**WE WELCOME APPLICATIONS FROM ALL GROUPS, PARTICULARLY FROM DISABLED AND ETHNIC MINORITIES.**

**N.B.**

**WITH THE PASSING OF THE IMMIGRATION AND ASYLUM ACT 1996, ALL EMPLOYERS ARE REQUIRED TO ENSURE THAT ANY PROSPECTIVE EMPLOYEE IS AN E.C.C. NATIONAL OR HAS AN APPROPRIATE WORK PERMIT.**

**PLEASE BE PREPARED TO SUPPLY EVIDENCE (SUCH AS A BIRTH CERTIFICATE, PASSPORT OR P.60) IF CALLED FOR AN INTERVIEW.**