

RAYNERS (EXTRA CARE HOME) LIMITED STAFF APPLICATION FORM

Personal Details	
Application for the Post Of:	
Surname:	
Forenames:	
Mr/Mrs/Miss: (delete as appropriate)	Marital Status:
Maiden Name: (if applicable)	
Address:	
_	Post code:
Home Telephone Number:	Mobile Telephone Number:
Email Address:	
Date of Birth:	_Age in Years:
Nationality:	National Insurance Number:
Do you require a work permit to work in the UK?:	Do you hold a full driving license:
Uniform Size:	Height: Weight:
Prospective Employment Declaration & Enhanced DB Rehabilitation of Offenders Act 1974 (Exceptions) Order (Exceptions) (Amendments) Orders 1986 (SI 1986 No. 1	er 1975 (SI 1975 No. 1023) as amended by the Rehabilitation of Offenders Act 1974
general rules by order in the disclosure of spent or cuthat you disclose any such convictions/reprimands/ca	Section 4 of the Rehabilitation of Offenders Act provides for exceptions to be made from the surrent criminal convictions. By virtue of this order, as your prospective employer, we requirutions on this form. We guarantee that this information will only be seen by those who nee ffers, regardless of post are conditional and subject to receiving an acceptable Enhanced DB or Service (DBS).
be required to see, copy and retain in your personnel	a post, a DBS Adult First and Enhanced DBS Certificate will be issued, which the company wi file. The current fee charged to us including for all new employees is £59.00. This fee will b hat your employment lasts in excess of twelve months of your start date. If not then Rayner t this amount from your salary.
I have read the above notes on Criminal Convictions applying.	s and agree to an Enhanced DBS Certificate being undertaken for the post for which I ar
☐ I do not have any Criminal Convictions/Reprimand ☐ I have been convicted of any offence/offences an Plead	
Signed	Date

Details of Education and Qualifications

General Education – Please list Schools and Qual	alifications from the age of 11 \circ	vears
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From	То	School	Qualifications with dates				
Further Education	(if applicable)						
From	То	College/University/Institute	Qualification with dates				
Professional Qualifications – First Aid etc. (if applicable)							
From	То	Firm/Institute	Qualifications with dates				
Employment Reco	ord – Over the past 10 years,	begin with most recent)					
From	To Compa	any Name	Position held	Reason for leaving			

Details of Present Emplo	pyment					
Name of Company:						
Nature of Business:	Pe	riod of Notice required:				
Post Held:	Post Held:Date Appointed:					
Salary Scale / Present Sa	lary:					
Do you have any holida	ys booked?					
	reasons for applying for this post. You should interest/hobbies, which may have a bearing	include particulars of experience relevant to the present vacancy and details 3.				
no previous employers tyears. It is the normal interview is held, so it is Please place a tick	then the referees should be a professional pers practice for references to be obtained directly a	ne first reference should be your last employer. Please note that if there are son or someone who has been known to you for a period of more than five after an interview. However, references can be obtained before any formateir permission before returning this application. See referees prior to your interview.				
1. Name of Company:		Telephone:				
Address:						
		Post Code:				
Name of Contact:		Position in firm:				
2. Name of Company:		Telephone:				
Address:						
		Post Code:				
Name of Contact:		Position in Firm:				
• • • • • • • • • • • • • • • • • • • •	of my knowledge the information given in this ployment, result in dismissal or disciplinary actio	application is factually correct, and I understand that any false information.				
Signed:		Date:				
To be returned to:	Rayners (Extra Care Home) Limited Weedon Hill	Telephone: 🖀 01494 773606				
	Hyde Heath Amersham	Facsimile: 01494 793529				

email:

Buckinghamshire HP6 5UH

FOR OFFICE USE ONLY

Employee Interview Checklist and Personnel Information

Full Name of Applicant:							<u> </u>
Interview on:/	_Interview Time:		Interv	iew By:			_
General Appearance		5	4	3	2	1	
Communication Skills		5	4	3	2	1	
Intelligence		5	4	3	2	1	
Relevant Experience		5	4	3	2	1	
General Impression		5	4	3	2	1	
Family Commitments:							
Hours Required:							_
Rate of Pay:							
Interviewees' Notes							
References Applied on:	Received	on: 1			2		
Satisfied with References: 1 Yes No 2 Yes No							
DBS Disclosure applied on:							
Date of DBS Disclosure Received:			TICCK ICC	cived on			
DBS Enhanced Disclosure Number:							
Letter of Appointment Sent:							<u> </u>
Personnel/Induction/Training Information	Letter or	Decime	<u> </u>				
Name Badge/Uniform ordered on:							_
Copy of Relevant Shift Duties given on:							_
Event of Fire Procedure given on:							
Nurse Call Procedure given on:							
Laundry Procedure given on:							<u> </u>
Induction/Supervision started on:			Ву:				
Development Appraisal due on:							
Contract of Employment due on:							