

EMPLOYMENT APPLICATION FORM

EMPLOYMENT APPLICATION FORM						
1.PERSONAL DETAILS						
First Name Surname						
Address						
Postcode Mobile						
Email Address						
- POSITION APPLIED FOR						
2.POSITION APPLIED FOR						
Job Title						
Job Location						
Where did you see this vacancy						
advertised?						
- WORK BERMIT						
3.WORK PERMIT						
		Yes	No			
Do you require a Work Permit to work in the UK?		. 55				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
If yes, do you possess a Work Permit that is valid for the pos	ition applied for?					
	Please note, you will be required to provide this documentation if you are selected for interview					
	•					
4.SSSC						
the state of the s	Yes	No)			
Are you currently registered with the Scottish Social						
Service Council (SSSC)	Reg No.	Dat				
If you place provide your registration number and date of	Date					
If yes, please provide your registration number and date of						
registration.						
5.PVG						
3ii ¥ G						
	Yes	No)			
Are you a member of the PVG scheme?						
. ,						
	Reg No.	Dat	е			
If yes, please provide your registration number and date of						
registration.						
			_			
6.UK DRIVING LICENCE						
	Yes	NIc				
Do you hold a gurrant LIV driving licence?	Yes	No)			
Do you hold a current UK driving licence?	Provisional	Ful	I			
	FIOVISIONAL	I UI	.L			

If yes, please note the type of licence



7.EQUALITY					
As holders of the Posite all disabled applicants their abilities.					
				Yes	No
Do you consider yours the meaning of the Eq			within		
8.CURRENT / LAST E	MPLOYER				
Position Held		Salary			
Date From			nte To		
Name of Employer				•	
Address		Po	stcode		
Reason for Leaving					
Brief Description of Duties					
9.PREVIOUS EMPLOY	MENT				
Name of Employer	Date From	Date To	Job Title	Reaso	on for Leaving
Name of Employer	Date From	Date To	Job Title	Reaso	on for Leaving
Name of Employer	Date From	Date To	Job Title	Reaso	on for Leaving
Name of Employer	Date From	Date To	Job Title	Reasc	on for Leaving
Name of Employer	Date From	Date To	Job Title	Reaso	on for Leaving
Name of Employer	Date From	Date To	Job Title	Reaso	on for Leaving
Name of Employer	Date From	Date To	Job Title	Reaso	on for Leaving
Name of Employer	Date From	Date To	Job Title	Reaso	on for Leaving
Name of Employer	Date From	Date To	Job Title	Reaso	on for Leaving
Name of Employer	Date From	Date To	Job Title	Reaso	on for Leaving
Name of Employer	Date From	Date To	Job Title	Reaso	on for Leaving

In this section, please demonstrate how your skills and experience meet the requirements of the job description and person specification. You may also include any other information that you feel is relevant to your application, e.g., personal qualities, achievements at work, non-related or

voluntary work experience.



11.EDUCATION AND TR	AINING					
School / Uni / College	Date Achieved	Qualification	Subject		Grade	
12.DECLARATION OF A	NV EAMILY OF	OCLOSE DELATION	CHIDE	L		
12.DECLARATION OF AI	TI FAMILI OF	CLOSE RELATION	JIIIF J			
Have you ever applied for a post with Cosgrove Care?			Yes	No		
Have you ever worked f	or Cosgrove C	are?				
Does any of your immediate family work for Cosgrove Care or use one of our services?						
If yes, please give their name and service details:						

13.REFERENCES

Please give details of three referees, two of whom must be able to comment on your professional suitability for the post and one whom must be your current or most recent employer. If you have had no previous employment, please ensure one referee is someone that had known you for at least three years. Please note that if you tick 'No' about contacting your referee before your interview, we will approach this referee after offer of employment is issued. Relatives will not be accepted as a suitable referee.



Name		Job Title			
Company Name		Email Address			
Company Address		Tel Number			
			Yes	No	
May we contact this refe	eree prior to job offer?				
			Employer	Character	
What type of reference	will this person provide	e?			
Name		Job Title			
Company Name		Email Address			
Company Address		Tel Number			
				T	
			Yes	No	
May we contact this refe	eree prior to job offer?				
			Employer	Character	
What type of reference	will this person provide	e?			
Name		Job Title			
Company Name		Email Address			
Company Address		Tel Number			
			Yes	No	
May we contact this refe	eree prior to job offer?				
		Employer	Character		
What type of reference	will this person provide	e?			
14.DECLARATION					
I understand that if I del					
Cosgrove Care, I may be instantly dismissed at a later date. The information contained in this					
application is, to the bes	st of my knowledge, co	rrect.			
Signature:					
Date:					