

Jah-Jireh (Charity) Homes

317 Lytham Road, Warton, Preston, PR4 1TE

Phone: 01772 633380, Fax: 01772 631225

Email: hr@jah-jireh.org

**Application Form**

Surname:	First name(s):
Previous surnames:	
Note: Please supply documentary evidence e.g. marriage certificate, deed of name change etc	
Current address:	
Postcode:	
Moved to this address on (date):	
Previous address:	
Postcode:	
Note: For Criminal Record check purposes, addresses covering the five years up to the application date must be supplied. If necessary, use another sheet of paper.	
Moved to this address on (date):	
Telephone number (home and/or mobile):	Telephone number (work - will be used with discretion):
Email address:	
Position applied for:	Location: (please circle all appropriate) Blackpool Leyland Wigan Merthyr
Hours: (please circle which you want to work) Full-time Part-time	Shift pattern: (please circle all you are able to work) Mornings Afternoons Evenings Nights Weekends
Approx. no. of hours wanted:	
Do you have your own transport? Yes No	Do you have a current driving licence? Yes No
How long has your licence been held?	Details of endorsements:
Are you baptised as one of Jehovah's Witnesses? Yes No	Date of baptism: Current Congregation:



Application Form

EDUCATION

School/College/University	Examinations Passed/Qualifications Gained
	<i>(Please supply copies of certificates)</i>

TRAINING HISTORY/PROFESSIONAL STATUS

Date of Graduation/Qualification	Location/Details	Notes
	<i>(Please supply copies of certificates/membership details)</i>	

ADDITIONAL COURSES ATTENDED

Subjects	Location

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**Application Form****EMPLOYMENT HISTORY**

Current/most recent first. Information must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).

Name and address of your most recent/last employer:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	

EMPLOYMENT HISTORY (continued)



Application Form

Name and address of your most recent/last employer:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	



Application Form

ASSISTANCE WITH INTERVIEW AND ASSESSMENT

Do you require us to make any special arrangements in order for you to participate in the recruitment process? For example, large print forms? Or additional time to complete forms?

Yes No

If yes, please give details:

This information will not be used in reaching a decision on whether to offer employment.

Any offer of employment may be made subject to a satisfactory medical report.

GP's name:

Tel no:

Address:

(Your GP will never be contacted without your permission)



Application Form

NEXT OF KIN

Full name:	
Relationship to you:	
Tel no:	
Address:	

IDENTITY DETAILS

Nursing and Midwifery Council PIN number: (nurses only)	
National Insurance Number: (all applicants)	

CAPACITY TO WORK IN THE UK

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?	Yes No <i>(circle as appropriate)</i>
If yes, please provide details.	
If you are successful in the application, would you require a work permit prior to taking up employment?	Yes No <i>(circle as appropriate)</i>

Note: Minimum age legislation dictates that care workers in general must be 16 years old or older. Please inform us immediately if you do not meet these specifications.

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**Application Form****REFEREES**

- You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please contact us to discuss the matter with us.

Current or most recent employer

Name:	
Address:	
Post code:	
Tel No:	
Job title:	

Previous employer to the one above

Name:	
Address:	
Post code:	
Tel No:	
Job title:	

Character reference

Name:	
Address:	
Post code:	
Tel No:	
Relationship to you:	



Application Form

CRIMINAL RECORD

Workers of The Home are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the DBS. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.

Please note, you may not be eligible for work in a care setting if you are on the DBS Register(s).

Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below.

SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING

I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.

I understand that I may not be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS.

I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people. If the post I have applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers. By my signature, I authorise Jah-Jireh (Charity) Homes to request a DBS Register check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred care workers, or withdrawal of any registration required by my employment status.

Signed: _____ **Date:** _____