



APPLICATION FORM
Homes Caring for Autism Ltd

Please answer all sections fully. CV applications are not acceptable. Application forms partially completed and/or with CV attached will be rejected.

POSITION APPLIED FOR: _____

The following information will be treated in the strictest confidence.
(Please complete this section in BLOCK CAPITALS)

PERSONAL

Title:	Mr/Mrs/Miss/Ms/Other	National Insurance No.				
Surname:	First Name(s):					
Address:						

Contact Tel No. (Day):	Contact Tel No. (Evening):
Please tick here to indicate that you are aged 18 or over	<input type="checkbox"/> For statutory reasons, all our employees must be aged 18 or over

Full Driving Licence:	YES/NO	Endorsements:	*YES/NO
* If YES, please give further details including dates.			
Do you have unlimited access to your own transport?	YES/NO		

Are you involved in any activity which might affect your availability to work, e.g., local government, further education course, charity work?	YES/NO
If YES, please give full details and times.	

Would you prefer to work days or waking nights? (please tick) Days Nights No preference

Are you willing to work overtime, if required? (please tick)

Have you any convictions, either spent or unspent, under the Rehabilitation of Offenders Act 1974? (A copy of the Company's 'Safe Storage of CRB Information Policy' is available on request.)	YES/NO
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If YES, please give full details	
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If offered employment, you will be required to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination before employment?	YES/NO
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If you have worked for this company (or Somerset HCA) before please give details.	
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Have you applied for employment with this company before?	YES/NO
Do you need a work permit to take up employment in the U.K.?	YES/NO
How much notice are you required to give to your current employer?	

EDUCATION

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

Please give details of membership of any technical or professional associations:



EMPLOYMENT DETAILS

PRESENT OR LAST EMPLOYER

Are you currently employed? YES/NO

Name of present or last employer:			
Address:			
Telephone No:			
Nature of business:			
Job title and a brief description of your duties:			
Reason for Leaving:			
Length of Service:	From:	To:	

Please give details of your past employment, excluding your present or last employer, stating the most recent first. Please account for any gaps in your employment history. Continue on a separate sheet of paper, if necessary, making sure that you put your name on all additional sheets of paper.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

Please tick this box if you have continued on separate sheets:

