



<h2 style="margin: 0;">APPLICATION FORM</h2> <h1 style="margin: 0;">Homes Caring for Autism Ltd</h1>
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**Please answer all sections fully. CV applications are not acceptable. Application forms partially completed and/or with CV attached will be rejected.**

**Please return the completed form to Homes Caring for Autism Ltd, Unit 1 Churchill House, Bridgwater Court, Oldmixon Crescent, Weston-super-Mare, North Somerset, BS24 9AY.**

**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. (Home):	Contact Tel No. (Mobile):

<b>Please tick here to indicate that you are aged 18 or over</b>	<input type="checkbox"/>	For statutory reasons, all our employees must be aged 18 or over
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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
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If YES, please give full details and times.			
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Would you prefer to work days or waking nights? (please tick)	Days <input type="checkbox"/>	Nights <input type="checkbox"/>	No preference <input type="checkbox"/>
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Are you willing to work overtime, if required? (please tick)	<input type="checkbox"/>
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Have you ever been convicted of a criminal offence or received a caution, reprimand or warning, 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 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 From & To	Position held/Main duties	Reason for leaving

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



## SOURCE OF APPLICATION

How did you hear of this vacancy?

## REFERENCES

Please give the names of three employers whom we may approach for a reference (one of which **must** be your present or most recent employer). Your employer or any other professional referee must be able to provide a written and signed letter on company headed paper.

Can we approach your current employer before an offer of employment is made? YES / NO

## EMPLOYER REFERENCES

Company Name:		Company Name:		Company Name:	
Referee Name:		Referee Name:		Referee Name:	
Position:		Position:		Position:	
Address:		Address:		Address:	
Tel. No:		Tel. No:		Tel. No:	

## CHARACTER REFERENCES

Referee Name:		Referee Name:		Referee Name:	
Relationship:		Relationship:		Relationship:	
Address:		Address:		Address:	
Tel. No:		Tel. No:		Tel. No:	

## DECLARATION

Given the nature of the job to which I have applied, I understand that any offer of employment will be subject to information on my criminal record and ISA listing being disclosed to the Company by the Criminal Records Bureau. I have been given a copy of the Company's Equal Opportunities Policy, which includes information relating to the recruitment of ex-offenders.

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

Signature:	Date:
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**Homes Caring for Autism Ltd**

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