



Supporting independence and choice

CONFIDENTIAL Application for Employment

Please complete this section of the form using CAPITAL LETTERS

Return Application to *IMER CARE SOLUTIONS LTD, Future House, The*

Moakes Luton LU3 3QB

Please read the following Guidelines carefully before filling in this form (you need to complete all sections):

1. Please ensure you enter the post you are applying for.

2. You will need to provide the name and address of two referees. The 1st referee must be your current or most Recent employer and the 2nd your Previous employer. If you have not been in employment then academic references are required. **We do not Accept references from personal friends, relatives or work Colleagues.**

3. Please include all your education and training including any Care Qualifications you have.

4 & 5. Please complete your current employment details and in Section you must list your employment History over the last 10 years.

1. Personal Details

Title: _____ Surname: _____

First Name(s): _____

Have you ever been known by any other names: YES NO

If so, please give details:

Address: _____

Postcode _____ Email _____

Are you aged 18 years or over: YES NO

Telephone Number (Home): _____

Telephone Number (Work): _____

May we telephone you at work? YES NO

National Insurance Number: _____

Do you have a current full driving license: YES NO

Do you have your own transport? YES NO

2. Referees

All offers of employment are subject to receipt of written references to Imer Care's satisfaction. Please provide details of two referees, one of whom must be your present or most recent employer (this should be your manager/supervisor). **Imer Care will not accept references from personal friends or relatives or work colleagues.**

	Referee 1	Referee 2
Name		
Job Title of Referee		
Company Name		
Address		
Post Code		
Telephone number		
Email address		
May we contact your referees prior to job offer:	Ref 1 YES <input type="checkbox"/> NO <input type="checkbox"/>	Ref 2 YES <input type="checkbox"/> NO <input type="checkbox"/>

3. Education and Training

Please list your qualifications in reverse order, starting with the most recent first. Also include any training that you have received which did not lead to a qualification but which you feel is relevant to the post.

Professional Qualifications

Date Obtained	Place of study & address	Examinations taken & grades

Other Qualifications

Please give details of any other qualifications obtained or relevant courses attended

Date Obtained	Place of study & address	Examinations taken & grades

NB: If short-listed for interview, please be prepared to bring original copies of any certificates relating to post school qualifications or vocational qualifications.

4. Work Experience

Please give details of your **current** or **most recent** employment:

Name & Address of employer:	Work Base (if different):
Tel No:	Tel No (if different):
Job Title:	Salary:
Date from:	Date to:

If currently employed how much notice are you required to give? _____ (Weeks)

Main Duties and responsibilities:

Reason for leaving/seeking new employment:

Voluntary Work

Please give details of any voluntary work undertaken:

6. General Information

General Details:

Will you agree to undergo a medical examination by Imer?

Care's Medical Advisor or Occupational Health Advisor, if required? YES NO

Are you related to any other employee of Imer Care? YES NO

If yes, please state whom and the relationship. _____

Disability Discrimination Act 1995:

Do you require any reasonable adjustments (due to any physical and/or mental impairment) to the recruitment and selection process or to the job you are applying for. (Disability Discrimination Act 1995)

YES NO

If yes, please state: _____

Disclosure:

If your application is successful, you will be required to apply to the Criminal Records Bureau for a Standard or Enhanced level Disclosure (Police Check). All applicants who are offered employment will be subject to this Criminal Records Check before their appointment is confirmed. The cost of the check will be refunded by Imer Care after six months of employment. The check will include details of cautions, reprimands or final warnings, as well as convictions.

I understand that if my application is successful, I may be required to apply for a Standard or Enhanced level Disclosure (level of disclosure required will be indicated on job description) and agree to present Imer Care with the part completed Disclosure application to countersign and complete:

SIGNATURE: _____ DATE: _____

Declaration of Criminal Offences:

All convictions current or "spent" Including fines and driving convictions (not parking fines) must be declared. (A "spent" conviction means the specified period for rehabilitation as deemed by the courts has been achieved, and would therefore not be disclosed under the provision of the Rehabilitation of Offenders Act). However, this post is considered exempt from the provisions of the Rehabilitation of Offenders Act concerning spent convictions. If you do not have or have ever had any convictions please state "None". However, if you do not disclose ALL criminal records (including "spent" ones) and are appointed, summary dismissal may follow.

Please note, Imer Care will take Criminal Records into account only where the conviction is relevant. Having a conviction/caution/warning/reprimand will NOT automatically bar you from employment. This will depend on the circumstances and background to your offences(s).

Do you have /or have you ever had any Criminal Conviction(s), caution(s), warning(s) and/or reprimand(s)

YES NO If yes please give details below:

SIGNATURE: _____ DATE: _____

I certify that the Information I have given in this form is correct to the best of my knowledge. I consent to Imer Care checking any Information that I am unable to verify personally, where an offer of employment is being considered. This information will be held for a minimum of one year and by signing this form I give my consent to Imer Care to process it under the Data Protection Act

Should any of the information you have supplied prove to be untrue summary dismissal may follow.

SIGNATURE: _____ DATE: _____

Please note that any offer of employment is made subject to satisfactory health clearance, references, Disclosure check and documentary evidence providing proof that you are eligible to work in the U.K. (Asylum & Immigration Act 1996).