



Business Box
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Application for Employment

The information disclosed within this application form may be used in conjunction with a DBS Enhanced Disclosure Application.

Please fill in the application form, in black ink.

Position Applied for:	
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Personal Details

Title Mr/Mrs/Miss			
Surname		Marital Status	
Forename(s)		Date of birth	
Previous Names		Mob Number	
Preferred name		Tel Number	
Your email address		Where did you see the vacancy advertised	
Work /other telephone		Address	
Nationality			
Country of birth			Post code

Work Permit No (If applicable)	
National Insurance Number	
Do you hold a full U.K driving Licence?	
Do you have the use of a car?	

Next of Kin

Full Name	
Relationship	
Tel/Mob number	
Address	
2 nd person of Contact	Name: _____ Tel/Mob: _____

Employment History (Most recent first)

Please give a full and continuous employment history since leaving full time education explaining any gaps or breaks.

Start Date	Finish Date	Position Held	Employer Name and Address	Reason for Leaving

Please attach additional sheets if needed

Reference:

Please supply the details of at least two referees of which, one must be your current or most recent employer. Reference will be sought upon receipt of this application.

CURRENT OR MOST RECENT EMPLOYER	
Full Name	
Profession/Position	
Tel/Mob Number	
Email	
Address	
	Post Code
Date Started:	Date Left/Leaving
Reason for leaving:	
Position held and brief outline duties:	

Full Name	
Profession/Position	
Tel Number	
Mob Number	
Email address	
Address	
	Postcode

Full Name	
Profession/Position	
Tel Number	
Mob Number	
Email address	
Address	
	Postcode

If applying for this position as a secondary income, responsibility is placed on you the applicant to seek authorisation where necessary.

If your application is successful when would like to commence work.	
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Rehabilitation of Offenders Act 1974

By virtue of the rehabilitation of offenders' act 1974 (Exceptions order 1975), the provisions of section 4.2 of the rehabilitation of offenders Act 1974 do not apply to any employment which is concerned with provision of health services and which is of such a kind as to enable the holder to have access to persons on receipt of such services in the course of his normal duties. Your answer to the following questions should include any 'spent' convictions.

Have you ever been convicted of a criminal offence? If Yes please details including dates	Yes	No
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Have you ever been the subject of an adult or child abuse investigation which alleged that you were the perpetrator of any adult or child abuse?	Yes	No
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I have answered the above questions honestly and fully and that I am not aware of any physical or mental disability, which may affect my working capacity. I realised that any false or incomplete statement on my part will render me liable to disciplinary action or dismissal. I also understand that my details will be submitted for a check by the Disclosure Bureau Service.

I agree to comply with the current Health and Safety at Work Act.

It is a condition of employment that you work flexibly in accordance with the requirements of the Company. Accordingly, if accepted and employed you acknowledge that there may be periods when no work is available and the Company has no obligation to provide an employee with any work or to provide with any minimum number of hours in any day of the week.

Signed.....Date.....

Please detail any further information you wish to put forward in support of your application.

I declare that the above information is true. I understand that any job offers made on the basis of untrue or misleading information may be withdrawn or my employment is terminated.

Signed.....Date.....

Bank Details Form

Name.....

Address.....

.....

.....Postcode.....

Bank Details

Name of account holder.....

Account number.....Sort Code.....

Name of bank.....

Other details.....

Your Signature.....

EQUAL OPPORTUNITIES POLICY

The company E.M Staffing is opposed to discrimination on any grounds. In particular, we oppose discrimination on the grounds of race, religion, ethnic origin, sex, sexuality, marital status, disability or age. E.M Staffing is committed to ensuring that ability and potential for the job are criteria used for all staff selection.

Monitoring

The company has adopted the provision contained in the code of Practice published by the Equal Opportunities Commission for Racial Equality and the Code of Practice published by the Equal Opportunities Commission that employers should regularly monitor the effects of selection divisions to assess whether equal opportunities is being achieved. **For this purpose, you are asked to complete and return this form with application form.** This information is for statistical reasons only and will be treated as confidential.

APPLICANT FULL NAME

Post applied for:

Location

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My sex is

Male
Female

Other

My marital status is

Single
Married

ETHNICITY

White

British
Irish
Other

Mixed

White & Black Caribbean
White & Black African
White & Asian
Other

Black or Black British

Caribbean
African
Other

Asian or Asian British

Indian
Pakistani
Bangladeshi
Other

Chinese or Other Ethnic Group

Chinese
Other

Registration Requirements	
Birth Certificate	
Marriage Certificate / Civil Partnership Certificate	
Evidence of Current Address	
Up to Date Utility Bill	
NHS Card	
Council Tax Statement	
Bank Statement / Mortgage Statement	
National Insurance Number	
2 passport size photographs	
Certificate of Qualifications	
Educational Qualifications	
Professional Qualifications	
Certificates of Training Undertaken	
Work Permit / Visa - Must be provided	
Student Permit / Visa - Must be provided	
Driving Licence (requirement for support workers carrying clients in their cars)	
Vehicle M.O.T Certificate (requirement for support workers carrying clients in their cars)	
Vehicle Insurance Certificate (required for support workers carrying clients in their cars)	