

Averlea Residential Home

Averlea Community Care

Fore Street,
Polgooth,
St Austell,
Cornwall.
PL26 7BP



Telephone: 01726 66892 or 07989586835

Email: AverleaCare@aol.com

APPLICATION FORM

Personal	
First name:	Middle name:
Last name:	
Address:	Telephone (home):
	Telephone (mobile):
	Date of birth:
Post Code:	National Insurance Number:
Are you married? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address:
Please list any hobbies or interests:	
<p>Important note: the post for which you have applied is exempt from the <i>Rehabilitation of Offenders Act 1974</i> by its <i>Exemptions Order 1975</i>. You are therefore required to reveal all convictions incurred by yourself.</p> <p>Any such information will be kept strictly confidential</p>	
Have you ever been convicted of a criminal offence? (Declaration subject to the Rehabilitation of Offenders Act 1974)	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If offered this post will you continue to work in any other capacity?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please give details:	
Position	
Position applied for:	Date when available to take up employment:
Prepared to work:	
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Shifts <input type="checkbox"/> Weekends <input type="checkbox"/>	

APPLICATION FORM (continued)

Health	
Are you in good health?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any disabilities that may affect your application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details:	
Driving	
Do you have a current driving licence?	Full <input type="checkbox"/> Provisional <input type="checkbox"/> No <input type="checkbox"/>
Do you own a car?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have any current endorsements, please give details:	
Previous Employment	
Present / Previous Employer:	Address:
Nature of Business	Post Code:
Job Title:	Duties:
Starting Date:	Leaving Date:
Previous Employer:	Address:
Nature of Business	Post Code:
Job Title:	Duties:
Starting Date:	Leaving Date:
Previous Employer:	Address:
Nature of Business	Post Code:
Job Title:	Duties:
Starting Date:	Leaving Date:

APPLICATION FORM (continued)

Education	
Educational Qualifications:	Professional Qualifications:

References	
Personal Referees (should not be members of your family, one should be present employer)	
Name:	Name:
Address:	Address:
Post code:	Post code:
Occupation:	Occupation:
Telephone:	Telephone:

Declaration
<p><i>I confirm that the above details are true and correct and understand that any misrepresentation will invalidate my application and, if employed, could lead to dismissal. I conform that to the best of my knowledge there are no medical reasons which would prevent me from undertaking duties of the post.</i></p>
<p>Signature: _____ Date: _____</p>

<p>If downloaded from the internet, please return to:</p> <p>Averlea Residential Home Fore Street, Polgooth, St Austell, Cornwall. PL26 7BP</p>
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