

## Orchard House Employment Application Form

PERSONAL INFORMATION			
SURNAME		FIRST NAME	
ADDRESS		TELEPHONE NO.	
		EMAIL ADDRESS	
N.I. NUMBER		ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UK?	YES / NO
ABOUT THE POSITION APPLIED FOR			
POSITION APPLIED FOR			
Please indicate which shifts you would be prepared to work:	DAY SHIFTS	NIGHT SHIFTS	WEEKENDS
	YES / NO	YES / NO	YES / NO
On which date would you be available to start work?			
EMPLOYMENT HISTORY			
<i>List your present and past employment, starting with the most recent (if required, continue on a separate sheet of paper).</i>			
<b>Name &amp; address of company &amp; type of business.</b>			
<b>Please describe your role &amp; dates of employment</b>			
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Name & address of company & type of business.	
Please describe your role & dates of employment	
Our values promote the importance of dignity & respect. Describe briefly how you have implemented these values in your current/past roles	
EDUCATION	
What is your highest level of academic qualification?	
Have you completed the care certificate?	
What is your highest level of social care qualification?	
Please list any other qualifications relevant to the role applied for.	

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<b>PERSONAL STATEMENT</b>	
<i>Please briefly describe yourself and what has prompted you to apply for this position.</i>	
<b>REFERENCES</b>	
<i>Please provide the details of two people (not relatives), one of whom must be your last employer, whom we could approach for references:</i>	
NAME	ADDRESS
TELEPHONE NO.	EMAIL ADDRESS
NAME	ADDRESS
TELEPHONE NO.	EMAIL ADDRESS
<b>HEALTH</b>	
From 11 November 2021, anyone working or volunteering in a care home will need to be fully vaccinated against coronavirus (COVID-19), unless exempt.	
<i>Note, you may be required to complete a Medical Questionnaire if offered a position.</i>	
<b>REHABILITATION OF OFFENDERS ACT</b>	
<i>Note, due to the nature of the work involved, the position for which you are applying is exempt from Section 4 (2) of the Rehabilitation of Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold any information relating to any convictions you may have had.</i>	
Do you have any convictions to disclose?	YES / NO

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*If yes, please provide details:*

<b>DECLARATION</b>	
<i>I hereby declare that the information I have provided is true and correct.</i>	
SIGNATURE	DATE

Please return this application form either by post, to:

The Manager, Orchard House, 290 Scalby Road, Scarborough, YO12 6EA,

or by email, to:

[enquiries@orchardhousecare.co.uk](mailto:enquiries@orchardhousecare.co.uk)

**Your application form will be retained for three (3) months and then destroyed.**

Thank you for your interest in working at Orchard House.

FOR OFFICE USE ONLY	
DATE INTERVIEWED	
POSITION OFFERED	
START DATE	
RATE OF PAY	