



## Job Application Form

Please complete this form legibly and return it on or before the closing date specified in the advertisement. Late applications will not be considered. Candidates will outline clearly whether their qualifications and experience meet both the essential and preferred requirements. All information given will be treated in the strictest of confidence. Continuation sheets may be added if necessary.

Please return this application form to:

**Braunton Care Ltd**  
**Unit 2**  
**One the Square**  
**Braunton**  
**North Devon**  
**EX33 2JB**

1. **POSITION APPLIED FOR:**.....

<b>Mr/Mrs/Miss/Ms</b>	
<b>Surname:</b>	<b>Tel No (Home):</b>
<b>Forenames:</b>	<b>Tel No (Mobile):</b>
<b>Address:</b>	
<b>Postcode:</b>	

<b>Do you have the right to work in the UK?</b>	<b>Yes</b>	<b>No</b>
Note: The company will require proof of this right before an offer of employment can be confirmed – e.g. Birth Certificate and/or any other appropriate document required to confirm your right to work in the UK as required by the asylum and Immigration Act 1996.		
<b>Do you have a clean, current driving license?</b>	<b>Yes</b>	<b>No</b>
<b>Have you got a car/access to a car for business use?</b>	<b>Yes</b>	<b>No</b>

## 2. EDUCATION

From:	To:	School/College/Institution	Examinations taken and qualifications gained (specify grades):

## 3. TRAINING:

Details of training courses attended and awards achieved, including dates, if appropriate:

**4. EMPLOYMENT RECORD:**

Please list chronologically, starting with your current or last employer:

<b>Name and Address of Employer and nature of business:</b>	<b>From – To:</b>	<b>Job title, Job function and responsibilities:</b>	<b>Final salary and reason for leaving</b>

**5. SUITABILITY FOR THIS POSITION:**

Please detail your suitability for this position below (continue on a separate page if necessary):

**6. DISABILITY DISCRIMINATION ACT 1995:**

Section 1 of this Act describes a disabled person as a person with a 'physical or mental impairment, which has a substantial or long-term effect on his/her ability to carry out normal day to day activities.'

Using this definition, would you consider yourself to be disabled?

(please tick as appropriate)                      Yes:                      No:

If yes, do you require any special arrangements to be made to assist you if called for an interview?

Please provide details:

**7. REFEREES:**

Please give the details of two referees, including your current or most recent employer. Referees will not be contacted without your prior approval.

<b>Mr/Mrs/Miss/Ms Name:</b>	<b>Mr/Mrs/Miss/Ms Name:</b>
<b>Position:</b>	<b>Position:</b>
<b>Email:</b>	<b>Email:</b>

<b>Company &amp; Address:</b>	<b>Company &amp; Address:</b>
<b>Tel No:</b>	<b>Tel No:</b>
<b>Nature of relationship:</b>	<b>Nature of relationship:</b>

**8. DO YOU HOLD A CURRENT/VALID CRB ENHANCED DISCLOSURE?**

(Please tick appropriate box):

**Yes:**

**No:**

**I certify that all the information, which I have provided, is correct. I understand that any false information given may result in any job offer being withdrawn.**

**Signed:**

**Date:**

**9. VERIFICATION OF INFORMATION:**