



**WarrenCare**  
*Skilled care, your way*

Warren Care  
3<sup>rd</sup> Floor, 3TC House  
Crosby Road North  
Liverpool  
L22 0NY  
Tel: 0151 924 1999

## Application for Employment

PLEASE USE BLACK INK AND COMPLETE IN BLOCK CAPITALS

Email: [recruitment@warrencare.co.uk](mailto:recruitment@warrencare.co.uk)

### 1: PERSONAL DETAILS

Position		
Title		
Surname		
Forename		
Address		
Post code		
Mobile/Telephone number		
Email address		

Nationality		
Nationality at birth (if different)		
Do you require a work permit to work in the UK?		
Do you hold a current driving licence and have access to a vehicle?		

Will you continue to be employed in any other capacity whilst employed by WarrenCare?	Yes/No
Organisation	
Position held	
Number of contracted/regular hours?	

**2: EMPLOYMENT HISTORY - PRESENT/MOST RECENT EMPLOYER FIRST**

EMPLOYER – PLEASE PROVIDE FULL POSTAL ADDRESS	DATES OF EMPLOYMENT	POSITION HELD AND NATURE OF WORK / RESPONSIBILITIES	REASON FOR LEAVING
Name: Address:  Tel:  Hourly Rate:	FROM Month & Year  TO Month & Year		Notice Period:
Name: Address:  Tel: Hourly Rate:	FROM Month & Year  TO Month & Year		
Previous Employer Name: Address:  Tel: Hourly Rate:	FROM Month & Year  TO Month & Year		
Previous Employer Name: Address:  Tel: Hourly Rate:	FROM Month & Year  TO Month & Year		

**Continue on a fresh sheet if necessary.**

### 3. REFERENCES

Please give the name and address of two referees. Where possible, both will be employment based, one being your current/most recent employer. If you are unable to provide two work-based references personal references will only be accepted when an applicant does not have sufficient work experience. We may also contact previous employers as detailed in your Employment History in addition to those referees provided below, this is compulsory when the position involved contact with vulnerable adults and/or children.

<b>Referee 1 – Current Employer</b> (Character referee if not previously employed)	
Referee's Name:	
Position:	
Organisation:	
Address:	
Postcode:	
Telephone No:	
Email Address:	
Name known as, if different from current details:	
Are we able to contact this Referee without your prior consent?	Yes/No

<b>Referee 2 – Previous Employer/Character Reference</b>	
Referee's Name:	
Position:	
Organisation:	
Address:	
Postcode:	
Telephone No:	
Email Address:	
Name known as, if different from current details:	

**4. REASONS FOR APPLYING & EXPERIENCE GAINED**

Please detail the reasons for your application for the position, tell us about the skills and experience you have relevant to the role. You may want to use examples to illustrate your suitability such as, voluntary work etc. Please continue on a fresh sheet if necessary.

**5. ATTENDANCE RECORD**

Please list any absences from work/college for health reasons during the past 12 months:

Length of absence	Reason



## 8. CRIMINAL CONVICTIONS

Due to the nature of the work for which you are applying, this post is exempt from the provisions of s.4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. This means that any criminal convictions past and present must be declared at this stage, this includes **all convictions, cautions, bindovers, reprimands and warnings.**

If you are unsure as to whether a conviction is relevant, please refer to the guidance booklet provided with your application pack or contact our recruitment team who will be happy to discuss this with you. Any information given will be completely confidential and will be considered only in relation to this application.

### Please complete the following

Have you ever been subject to a criminal conviction / conditional discharge / bind-over / reprimand / warning?

Yes

No

If you have indicated that you do have a previous conviction, conditional discharge, bind-over or caution, please give details including the offence and date:

### DECLARATION

I declare that the information I have detailed within my application is, to the best of my knowledge and belief, true and complete. I understand that if I have given any information that I know to be false or if I withhold information, this may lead to my application being rejected or, if already appointed, to my dismissal. I consent to this information being held on file by WarrenCare Ltd in line with the Data Protection Act 1998.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## EQUAL OPPORTUNITIES & DIVERSITY MONITORING

WarrenCare is committed to developing working practices which will allow every member of staff to contribute his or her best, regardless of for example, race, sex, marital status, religion, age, disability, sexual orientation or any other irrelevant factor. We monitor our Equal Opportunities Policy in order to make sure that our recruitment processes are fair and free of bias. We will treat this information as confidential and it will only be used to aid our HR Department to ensure that our workforce reflects the wider community in which we work. The following information is not mandatory; however we would be grateful if you would complete the details in order to monitor our recruitment process.

### HEALTH QUESTIONNAIRE

Do you suffer from, any of the following conditions\*?

Angina, heart conditions	Migraine	
Allergies	Asthma, etc	
Rheumatism or joint pain	Diabetes	
Hernia or rupture	Eczema, dermatitis	
Repetitive Strain Injury	Epilepsy	
Bronchitis, chest infections	Serious backache, slipped disc, sciatica or back injury	
Mental Illness including acute anxiety or depression	Other	

\*If answered yes to any of the above, please give details of the condition in the box below:

Do you consider that you have a disability?    Yes        No   

If so, please give brief details of your disability:

<b>AGE</b> – please tick the age group you are in	18 - 24	25 - 29	30 – 39
	40 - 49	50 - 59	60 – 74

**ETHNICITY** – please tick the box that you feels best describes your ethnicity

White		Mixed		Asian or Asian British		Black or Black British		Other Ethnic Group please detail	
British	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	African	<input type="checkbox"/>		<input type="checkbox"/>
Welsh	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>		<input type="checkbox"/>
Irish	<input type="checkbox"/>	Other Mixed background	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other Black background	<input type="checkbox"/>		<input type="checkbox"/>
English	<input type="checkbox"/>			Chinese	<input type="checkbox"/>				<input type="checkbox"/>
Scottish	<input type="checkbox"/>			Other Asian background	<input type="checkbox"/>				<input type="checkbox"/>
Gypsy/Traveller	<input type="checkbox"/>								<input type="checkbox"/>
Other White Background	<input type="checkbox"/>								<input type="checkbox"/>

<b>GENDER</b>	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Transgender	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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<b>RELIGION</b>			
Christian	<input type="checkbox"/>	Agnostic	<input type="checkbox"/>
Catholic	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Atheist	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
		Sikh	<input type="checkbox"/>
		No religion	<input type="checkbox"/>
		Prefer not to say	<input type="checkbox"/>
		Other	<input type="checkbox"/>

<b>MARITAL STATUS</b>	Single		Married		Divorced		Living with partner		Widowed		Separated	
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