



WILNASH CARE LTD.
Home Care Services

APPLICATION FORM

PERSONAL DETAILS

Date: _____ Reference: _____
Post Applied For: _____
Surname: _____ Forename(s): _____
Title: Mr/Mrs/Miss/Ms* (*Delete as applicable)
Nationality: _____
Address: _____

Post Code: _____
Telephone Numbers: Home: _____ Work: _____
Mobile: _____
E-mail Address: _____

PLEASE CIRCLE YOUR ANSWERS

Do you hold a current Driving Licence? YES/NO
If yes please attach a copy or bring the original to your interview.

Do you have use of a car YES/NO

Do you have permission to work in the UK? YES/NO

All applicants will need to provide documentary evidence of their entitlement to work. This is to comply with our legal duty to make sure all applicants have permission to work in the UK.

Are you currently in higher education YES/NO

Overseas students: excluding EU are entitled to work a maximum of 20 hours per week during the term time. They are therefore required to provide evidence that they are attending a full time course of study and that they have a student visa.

Failure to complete your details in full will result in your application not being considered

CAREER HISTORY

Please list paid employment including name and address of employer, post held, salary and dates.
References including current employer will only be contacted upon appointment

NAME & ADDRESS OF EMPLOYER	POST HELD	DATES	REASON FOR LEAVING	SALARY



REFERENCES

Please provide the names, address, telephone numbers and the job title professional reference must be from a Manager of above of three people who are prepared to support your application. One should be your present (or last) employer. If you are short-listed for interview we will contact your referees unless you specify otherwise. We reserve the right to contact your last employers.

PROFESSIONAL

Name: (Mr/Mrs/Miss/Ms) _____

Company: _____ Management Position: _____

Company Address: _____

_____ Post Code: _____

Company Telephone No: _____

PROFESSIONAL

Name: (Mr/Mrs/Miss/Ms) _____

Company: _____ Management Position: _____

Company Address: _____

_____ Post Code: _____

Company Telephone No: _____

CHARACTER

Name: (Mr/Mrs/Miss/Ms) _____

Company: _____ Position: _____

Company Address: _____

_____ Post Code: _____

Telephone No: _____

VOLUNTARY WORK EXPERIENCE

EDUCATION & QUALIFICATIONS

Please list School and College/Universities attended, dates and qualifications obtained

NAME OF SCHOOL/ COLLEGE/UNIVERSITY	SUBJECTS TAKEN	LEVELS/GRADES	DATE



HOBBIES/INTERESTS

What are your hobbies/interests outside work?

RELATIONSHIPS

The Company has found in practice that management difficulties may occur where employees are related by marriage or kin, or where they have an emotional relationship. In order to assist the Company in assessing your application, you are required to disclose the existence of any such relationship with any of the Company's employees. If any such relationship exists, **please give the name(s)** of the person(s) concerned and the nature of the relationship. We stress that this information will be treated in the strictest confidence and will be used and discussed only by the Company's management in assessing your job application.

PERSONAL STATEMENT

Please use the space below to outline why you are applying for this post and what skills you feel you would bring to it, including communication skills, team working and any experience you may have.

Please continue on a separate sheet if necessary.

Signature: _____ Date: _____