



Lincoln Healthcare Group Ltd

APPLICATION FOR EMPLOYMENT

**Strictly confidential**

**Position applied for:** \_\_\_\_\_

Title: Mr Mrs Miss Ms Other National Insurance number:	Address:
Surname:  Forenames:	Postcode: E- mail Address
Current Driving Licence: Yes / No  Do you have use of a vehicle? Yes / No  Do you have class 1 Business car insurance? Yes / No  Details of any endorsements	Telephone No:   Mobile No:
Is your employment in the UK subject to any restrictions? Evidence of Right to Work can be supplied	Yes / No Yes / No
Schools (include dates)	Qualifications Gained (include dates)
College/University (include dates)	Qualifications Gained (include dates)
Other Training/professional qualifications:	Dates:

**Relevant Skills and Experience**

Please detail your reasons for this application, your main achievements to date and the strength you would bring to this post. Describe how your specific skills, responsibilities and experience would support your application: (use an additional sheet if required)



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**Languages spoken (Other than English)**

----- Spoken/Fluent/Written/Read  
----- Spoken/Fluent/Written/Read  
----- Spoken/Fluent/Written/Read

Please state your days and hours of availability:

Are you able to work night shifts if required? Yes or No

**Employment History**

Please provide details of your **complete full employment history**, accounting for breaks in employment by explaining how this time was spent. Continue on a separate page if necessary.

From  To	Name and Address of Employer	Job Title and Duties	Salary	Reason for Leaving



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Notice required in current post:

Please detail any other employment that you would continue with should your application be successful:

Have you worked with children? Yes / No

Leisure: - Please note here your interests, sports and hobbies, other pastimes etc.



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**References**

Please provide the names and addresses of two persons one of whom should be your present/last employer from whom we may obtain both character and work experience references.

<p>May we approach this person prior to interview? Yes / No</p>	<p>May we approach this person prior to interview? Yes / No</p>
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Rehabilitation of Offenders Act

Because of the nature of the work for which you are applying, this work is exempt from the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 (Exemption Order 1975). Applicants are therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to the application for positions in which the Order applies, and should be entered at the end of any particulars you give in support of your application.

A criminal record will not necessarily be a bar to obtaining a position. Further guidance can be obtained by reference to the DBS code of practice, a copy of which is available from our office or on the DBS website <https://www.gov.uk/government/organisations/disclosure-and-barring-service>

**Have you ever been convicted of a criminal offence?** Yes  or No

**Have you completed an enhanced DBS?** Yes  or No

With an enhanced Disclosure under section 4.2 of the Rehabilitation of Offenders Act 1974 (Exemption Order), all previous cautions, warnings and convictions will always be detailed regardless of how long ago they occurred.

**Do you have any spent or unspent criminal convictions?** Yes  or No

Any Conviction, caution, reprimand will require a written statement of each and every event and how it does not affect your ability for the role you are applying for.

**Have you provided an original Enhanced DBS?** Yes  or No

**Disclosure Number:**

**Have you supplied additional information with this registration form for any spent/unspent convictions, cautions or reprimands?** Yes  or No

**Have you ever been involved in court proceedings?** Yes  or No

**YOU MUST COMPLETE A NEW DBS DISCLOSURE FORM, EVEN IF YOU ALREADY HAVE ONE WITH YOUR CURRENT EMPLOYER?**



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**Special Requirements**

Because this position involves the care of vulnerable adults / children, employment is dependent on the following:

1. Your written consent to obtaining an enhanced disclosure certificate from the Criminal Records Bureau or an approved umbrella body.
2. Such disclosure being acceptable to us.
3. Proof of identity – birth or marriage certificate (where appropriate) and passport and driving license (if available)
4. Two satisfactory written professional references.
5. One-character reference for evidence of working with children – if applicable
6. That you will supply 2 photographs of yourself for retention in your records and ID Badge.
7. Evidence of physical or mental suitability for your work.
8. That you notify us of any current medication you are taking which may impair your ability to work with children/vulnerable adults.
9. You notify us of anyone living in your household who has ever been cautioned, had any warnings and/or convictions regardless of how long ago they occurred.

**Arrangement for Interview**

If you have a disability, are there any arrangements which we can make for you if you are called for an interview and or / work based exercise? Yes / No

If yes, please specify, (e.g. ground floor venue, sign language, interpreter, audio loop etc)

Please list all absences from work in the past 12 months and the reasons for such absences:



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**Declaration**

**Please read carefully before signing**

- I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
- I hereby give my authority for the company to contact my own doctor for any further details of my state of health.
- I agree that the company reserves the right to require me to undergo a medical examination in the event of my appointment.
- I hereby give my consent to the Company processing the data supplied on this application for the purpose of recruitment and selection.
- In signing this application and should I be successful, I agree to the company applying to the DBS for a basic or enhanced disclosure as necessary.
- I understand that the nature of the job requires me to have Class 1 Business Car Insurance and agree that Lincoln Healthcare can retain a copy.
- I understand that there will be ongoing training during my employment and understand that I may be required to sign training agreements that will detail course details and any costs occurred to myself if I leave the employment of Lincoln Healthcare.
- I understand that should this not be satisfactory, the company may withdraw any offer made or terminate my employment.

**Signed:**

**Date:**