**Job Application Form**

**This form should be used to apply for a job and should be accompanied by an Equality Details Form.** This form contains important information which will be used to assess your application for the role and also to then confirm your employment and personal details and so you should ensure it is accurately completed, and that you have clearly demonstrated how you meet the requirements of the role.

## Further guidance is available in our Applicant Guide to Applying for a Job. This form must be received prior to the specified closing date and is available in other formats on request. For queries about the role, your application or to submit this form, please use the details provided in the advertisement.

As an employer we are committed to equal opportunities in employment and we positively welcome your application irrespective of your gender, race, disability, colour, ethnic origin, nationality, sexuality, gender identity, marital status, religion, trade union activity or age.

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| Please confirm which vacancy type you are interested in applying for by selecting from the options provided. You can select more than one option if you wish. | * 25 hours per week in the North and South of the county | | * Evenings and Weekends in the North and South of the   county | |
| Please confirm you are applying for this vacancy as a: | * Redeployee Applicant (Directly   employed by Warwickshire &  registered at risk) | * Internal Applicant (Directly employed by Warwickshire County Council) | | * External Applicant |

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| **Vacancy Details** | | | | | |
| Job Title |  | | | | |
| Service |  | | | | |
| Campaign No. |  | | |  | |
| Where did you first hear / read about this job? |  | | | | |
| **Personal Details** | | | | | |
| Surname(s) |  | | | | |
| Forename(s) |  | | | | |
| Title |  |  | | | |
| Home Address |  | | | | |
| Home Tel. No. |  | | Mobile Tel. No. | |  |
| Email Address |  | | | | |

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| **Employment History** | | | |
| Provide details of your employment history, starting with your most recent / current employer and working back. Please account for any gaps. Continue on a separate sheet if necessary. | | | |
| Employer |  | | |
| Job Title |  | | |
| Start Date |  | End Date |  |
| Reason for Leaving |  | | |
| Address of employer  / brief details of duties and responsibilities |  | | |
| Employer |  | | |
| Job Title |  | | |
| Start Date |  | End Date |  |
| Reason for Leaving |  | | |
| Address of employer  / brief details of duties and responsibilities |  | | |
| Employer |  | | |
| Job Title |  | | |
| Start Date |  | End Date |  |
| Reason for Leaving |  | | |
| Address of employer  / brief details of duties and responsibilities |  | | |
| Employer |  | | |
| Job Title |  | | |
| Start Date |  | End Date |  |
| Reason for Leaving |  | | |
| Address of employer  / brief details of duties and responsibilities |  | | |

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| **Education** |  |  |  |  |  |  |
| Provide details of your education history, starting with your most recent / current experience and working back. Please account for any gaps. Continue on a separate sheet if necessary. | | | | | | |
| Establishment |  |  | | | | |
| Start Date |  |  | End Date | |  | |
| Education Type (e.g. Degree) | |  | | | | |
| Establishment |  |  | | | | |
| Start Date |  |  | End Date | |  | |
| Education Type (e.g. Degree) | |  | | | | |
| Establishment |  |  | | | | |
| Start Date |  |  | End Date | |  | |
| Education Type (e.g. Degree) | |  | | | | |
| Establishment |  |  | | | | |
| Start Date |  |  | End Date | |  | |
| Education Type (e.g. Degree) | |  | | | | |
| **Qualifications / Training** | | | | | | |
| Provide details of your qualifications which are relevant to the job. Continue on a separate sheet if necessary. | | | | | | |
| Type / Level | Subject | | | Date Obtained | | Result |
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| Are you flexible to work Evenings, Weekends and Bank Holidays? | * Yes | * No |
| To be considered for this role please confirm; You are a car owner, hold a valid driving licence and able to drive? (If disabled you should be able to perform the job with aid, where necessary) | * Yes | * No |
| If you are successful, you will be required to attend training. Are you able to attend training during the week day? | * Yes | * No |

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| **Application Questions** |
| Please answer the following question  Question 1: Tell us briefly why you want to apply for this role? (use the box below to answer the question). |

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| **Application Questions** |
| Please answer the following question  Question 2: What skills and experience do you have that would make you the right person for this role? (Use the box below to answer the question). |

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| **Application Questions** |
| Please answer the following question  Question 3: What is your understanding of the role of Carer (Reablement Assistant)? (Use the box below to answer the question). |

**Reference Details**

Please give details of two referees, one of which must be your current or most recent employer. References will not be accepted from relatives or friends and no appointment will be confirmed without first taking up references. Where the role is involved with vulnerable adults or children, references will be sought prior to interview.

**Referee 1 - Current / Most Recent Employer or Educational Establishment**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Forename(s) |  | | | | | | |  | |
| Surname |  | | | | Title (e.g. Mr, Mrs) | | |  | |
| Job Title |  | | | | | | |  | |
| Organisation |  | | | | | | |  | |
| Address |  | | | | | | |  | |
| Town / City |  | | | Post Code | |  | |  | |
| Home Tel. Number | |  | Mobile Tel. Number | | |  | |  | |
| E-mail Address | |  | | | | | |  | |
| Can we seek this reference without further consent from you? | | | | | | | * Yes |  | * No |

**Referee 2 – Employment, Education or Character**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Forename(s) |  | | | | | | |  | |
| Surname |  | | | | Title (e.g. Mr, Mrs) | | |  | |
| Relationship |  | | | | | | |  | |
| Job Title |  | | | | | | |  | |
| Organisation |  | | | | | | |  | |
| Address |  | | | | | | |  | |
| Town / City |  | | | Post Code | |  | |  | |
| Home Tel. Number | |  | Mobile Tel. Number | | |  | |  | |
| E-mail Address | |  | | | | | |  | |
| Can we seek this reference without further consent from you? | | | | | | | * Yes |  | * No |

**Relationships**

Please provide details of any relationships that you may have with significant individuals or groups.

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| --- | --- | --- |
| Are you related to, or have a personal relationship with, a Councillor, Governor or Employee of the County Council? | * Yes | * No |
| If YES, please provide details, including the name, position and relationship. | | |
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**Additional Questions**

We positively encourage applications from disabled people who have the necessary skills and experience for the job. For disabled people who are able to show they meet the essential requirements for the job, we are pleased to guarantee an interview. If you have a disability, please outline below any reasonable adjustments you require for interview and / or to help you in this job.

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| --- | --- | --- |
| Do you consider yourself to be disabled? | * Yes | * No |
| Do you require reasonable adjustments for your interview? | * Yes | * No |
| If YES, provide details. |  | |
| Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? If you are applying for a post which requires an Enhanced Disclosure & Barring Service (DBS) Check most convictions remain unspent and you must declare them. However the amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website. | * Yes | * No |
| If YES, provide details. You may provide this information separately from your Job Application Form. |  | |
| Do you have any cautions, warnings, convictions, orders or other determinations made in respect of yourself or a member of your household that would render you disqualified from working with children up to the age of 8 as per the Childcare (Disqualification) Regulations 2009, replacement or similar legislation? | * Yes | * No |
| If you have YES, provide details. You may provide this information separately from your Job Application Form. |  | |

# Declaration

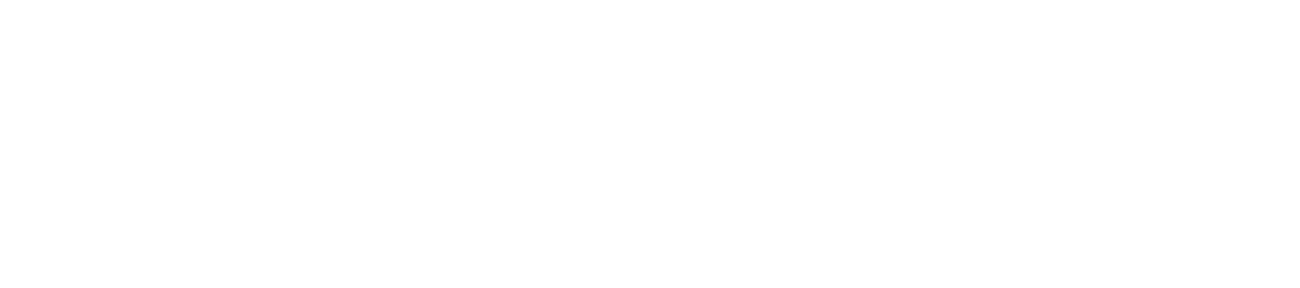
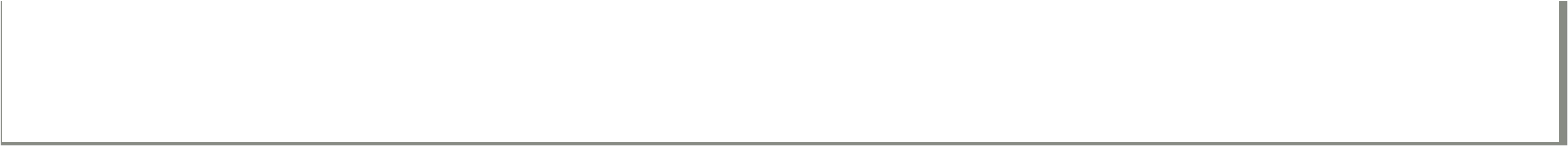
With this application, I hereby consent to the information in this form being retained for recruitment, selection and employment related purposes. I understand that any offer of employment is subject to the relevant pre employment checks including but not limited to satisfactory a)Verification of identity b) References, c) DBS Certificate and check of the barred list/s (if applicable), d) Medical clearance e) Proof of eligibility to work in the UK f) Proof of qualifications and registrations. I declare that all statements I make in this application are true and, to the best of my knowledge and belief, that I have not withheld any relevant information. I understand that if I have made any false statements or omitted any information, I am liable to have my application rejected, or if appointed, liable to be dismissed.

Signature:

\*

Date:

\*a signature is not required if this form is emailed from your given email address.



**For queries about the role, your application or to submit this form, please contact:**

Recruitment Centre: Shire Hall, Market Place, Warwick CV34 4RL Email: [recruitment@warwickshire.gov.uk.](mailto:recruitment@warwickshire.gov.uk) Tel.: 01926 418125