

APPLICATION FORM

FOR OFFICE USE ONLY

Post title	<input type="text"/>
Closing date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Applicants Ref	<input type="text"/>

Part A: Personal Details

Post applied for	<input type="text"/>
	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> other (please state) <input type="text"/>
Surname	<input type="text"/>
Forename(s)	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address (If this is a temporary address, please also give your usual home address)	<input type="text"/>
Daytime contact telephone	<input type="text"/>
E-mail	<input type="text"/>
Telephone numbers	
Home	<input type="text"/>
Work	<input type="text"/>
Mobile	<input type="text"/>
Do you require an Isle of Man Work Permit?	Yes <input type="checkbox"/> No <input type="checkbox"/>

REFERENCES

Please give details of two people who can be contacted for a reference. If you are under 18 and in full-time education one reference from a tutor is sufficient.

Reference 1

Name

Address

Daytime contact telephone

Occupation

Reference 2

Name

Address

Daytime contact telephone

Occupation

REHABILITATION OF OFFENDERS ACT 2001 AND EXCEPTION ORDER 2001

Because of the nature of the work for which you are applying, you must provide information about any convictions. Our power to require this lies in the Rehabilitation of Offenders Act 2001 (Exceptions) Order 2001 which removes the normal operation of the Act in relation to specific occupations, including the provision of Home Care Services. In the event of being employed in connection with this application, any failure to disclose such convictions could result in dismissal or disciplinary action.

If you have no convictions
please write NONE

If you do have any previous or outstanding convictions, details of the type of offence, date, sentence, fine etc. should be placed in a separate, sealed envelope which will subsequently be returned to you. It will **only be opened** if you are considered for the appointment. Such information will be completely confidential to the appointing panel.

SICKNESS RECORD

State details of sickness absence from work or education during the past two years.

No. of absences

No. of days (total)

DECLARATION

I declare that the information on this application form is, to the best of my knowledge, true and accurate.

.....
Signed

.....
Date

If untrue or inaccurate information is recorded, any employment contract may be invalidated and the employee subject to disciplinary action

CURRENT / PREVIOUS EMPLOYMENT

Dates (from/to)	Employer and Address	Position and Reason for Leaving	Role and Responsibilities

Period of notice required for current employer

Please tell us about any qualifications you have

FURTHER INFORMATION

Please tell us about yourself and why you would like to work for Crossroads. What experiences you have had that you could use in your work with Crossroads.

Do you hold a full clean driving licence? Yes No

Do you have regular access to a vehicle? Yes No

Are you seeking full time employment? Yes No