

**PRIVATE AND CONFIDENTIAL**  
**Application for Employment**

**Post applied for:**  
**Area/Place of work:**

**Section A: Personal Details**

**First Name:** **Last Name:**

**Address:**

**Postcode:**

**Contact Details** (please tick preferred contact detail)

- ☐ **Home:**  
☐ **Mobile:**  
☐ **Email:**

**Section B: General Information**

Do you have the right to work in the UK? Yes ☐ No ☐

Do you hold a current Driving licence? Yes ☐ No ☐

Do you consider yourself to have a disability? Yes ☐ No ☐

**It is a contractual requirement that all applicants must be aged 18 or over.**

Please tick to confirm you are aged 18 or over ☐

**Where did you see the advert for this post?**

Job Sites ☐

Open Days ☐

Word of mouth ☐

Other:

Job Fairs ☐

other (please state below) ☐



## Section C: Current/Previous Employment

**Please provide at least 10 years employment history including voluntary/caring roles  
(With a brief explanation of any gaps)**

Employment details should be written in chronological order, most recent employment first, and with all dates included. Please feel free to use additional sheets if required.

Position	Dates Month/ Year	Brief description of duties	Employers name and location	Reason for leaving

## Section D: Supporting Information (Relevant Skills, knowledge and experience)

Please outline below – in as much detail as you can – any relevant experience which you feel would be useful in any way to help you carry out the role for which you are applying and any supporting information you feel would be relevant to your application.

It would be helpful for you to gain ideas from the job description.

Please use additional sheets of paper if you feel there is not enough space for your information here.

### Section E: Qualifications / Training

In all appointments Hallmark Supported Living will seek to employ appropriately qualified staff. We will only ask for qualifications where these are essential for the job. (Please continue on separate sheet if needed.)

Subject	Qualification Obtained	Result/Grade	Date Obtained (Optional)

Details of any other specialist training not covered in the previous section (e.g. short course, on-the-job training) including any current course of study. (Please continue on separate sheet if needed.)

Subject	Dates	Subject	Dates

## Section F: Additional Information

### Accessibility

If you were called for interview, would you require any adjustments to be made for the interview **(for example, 'loop system', language service professional or wheelchair access, etc?)** If so, please outline below.

### Availability - Support Worker

**Hallmark runs a 24 hour service, 365 days per year and therefore has an expectation for staff to work unsocial hours, bank holidays, weekends, sleepovers and waking nights (night sits) as part of their role.**

Hallmark runs a flexible working system which can be applied for following successful probation period for any employee who meets the criteria set out in the Flexible Working Policy.

If there are any restrictions on your availability please indicate below?

(If so, briefly state below)

Please state the preferred number of hours you are available to work per week: \_\_\_\_\_ hours

Is it your intention that this will be your sole job?      Yes    ☐      No    ☐

**If no, then please give details:**

## Declarations

**Due to the nature of this position, you will be required to undertake personal care tasks and will be working with vulnerable adults. As such, you will be required to complete a Disclosure and Barring Service (DBS) form - should you be successful in your application for employment - on which an 'enhanced' search will be made.**

*Because of 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 (Exceptions) Order 1975.*

*You 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 by the employer. Any information given will be completely confidential and will be considered only in relation to this application'.*

Please indicate below any convictions either current or spent – include details of these.

Current                      Yes   ☐      No   ☐

If yes, please give details:

Spent                      Yes   ☐      No   ☐

If yes, please give details:

## Personal Declaration

I, (initial & surname).....the undersigned do declare that I have no criminal convictions either current or spent which I have not already declared to Hallmark Supported Living.

Furthermore, I have not been cautioned or disciplined within the last 10 years for any incident involving bullying, harassment, discrimination or abuse, other than those incidents which I have drawn to the attention of Hallmark Supported Living.

**Signature:** (initial & surname)

**Date:**

## Referees

Please provide the details of **3 referees**, one of whom, if appropriate, should be your current employer. One of the referees must have known you for at least 10 years.

It is our policy to take up references prior to making an offer of employment. Please tick here should you not wish us to follow this route, but you must appreciate that this will likely delay our recruitment process.

**How much notice are you required to give your current employer? .....**

### **Referee Number 1 – must be your current or most recent employer**

Name of current/most recent employer:

Nature of Business:

Address:

Telephone Number:

Email:

Job Title/ Duties:

Length of Service: **From: Month:**

**Year:**

**To: Month:**

**Year:**

Reason for leaving:

Please tick the correct box if you do/do not give consent to take up your references prior to an offer of employment being made.

I give Consent ☐

I do not give Consent ☐

**Referee Number 2**

Name:

Company:

Address:

Telephone Number:

Email:

Job Title/Duties:

Please tick the correct box if you do/do not give consent to take up your references prior to an offer of employment being made.

I give Consent ☐I do not give Consent ☐**Referee Number 3 – someone who has known you for 10 years. This must not be a relative or family member. If your chosen referee is outside the UK please provide an Email address**

Name:

Address:

Telephone Number:

Email:

Position/Relationship

Please tick the correct box if you do/do not give consent to take up your references prior to an offer of employment being made.

I give Consent ☐I do not give Consent ☐



## POLICY STATEMENT

Hallmark Supported Living Ltd is committed to the aim of offering equality of opportunity to all. All appointments of employment will be made with reference to the requirements of the post and will not be unfairly influenced by any considerations of age, belief or religion, disability, ethnic origin or race, gender, marital or part-time status, nationality, or sexual orientation.

## DATA PROTECTION AND MONITORING

The following information will be treated as confidential and will only be used for monitoring purposes and ensuring equal opportunities.

<b>Personal Details: Please complete the following:</b>				
Surname:		First Name(s):		Date of Birth:
Are you? Male <input type="checkbox"/>			Female <input type="checkbox"/>	
Married/Living with Partner <input type="checkbox"/>			Single <input type="checkbox"/>	
To which ethnic group do you belong?				
<b>White</b>	<b>Mixed</b>	<b>Asian/Asian British</b>	<b>Black/Black British</b>	<b>Chinese</b>
British:	White & Black <input type="checkbox"/> Caribbean	Indian: <input type="checkbox"/>	Caribbean:	Chinese:
Irish:	White & Black <input type="checkbox"/> African	Pakistani: <input type="checkbox"/>	African:	Chinese British:
	White & Asian	Bangladeshi: <input type="checkbox"/>		<b>Other</b>
Other White: <b>Details:</b>	Other Mixed: <b>Details:</b>	Other Asian: <b>Details:</b>	Other Black: <b>Details:</b>	Other Background <input type="checkbox"/> <b>Details:</b>
Do you consider yourself to have a health problem or disability? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes, please state the nature of your health problem or disability:				

The information given on this form is, to the best of my knowledge, true and accurate.
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Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please sign this section to say that you have completed this form and given correct and full information and that you acknowledge failure to disclose information or give false details may result in an offer being withdrawn or your employment with us being terminated.**

Name: (initial & surname)

Signature: (initial & surname)

Date: