# Riki Care Ltd





### APPLICATION FOR EMPLOYMENT FORM

PLEASE COMPLETE THIS FORM IN BLACK INK, IN BLOCK CAPITALS AND RETURN IT TO THE ADDRESS ON THE BACK PAGE OF THIS FORM (PLEASE ENSURE ALL SECTIONS ARE COMPLETED)

JOB DETAILS	
Application for the post of	
PERSONAL DETAILS (Please complete in BLOCK CAPIT	
SURNAME (current family name)	FORENAME(s)
<del></del>	
PREVIOUS SURNAMES (if applicable)	
HOME TELEPHONE NO	MOBILE TELEPHONE NO
WORK TELEPHONE NO	EMAIL ADDRESS
NATIONAL INSURANCE NO	_
HOME ADDRESS	PREVIOUS ADDRESS ( If you have lived at your current address for less that 5
years)	
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<del></del>	
<del></del>	<del>/                                    </del>
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<del></del>	
<u> </u>	
POSTCODE	_ POSTCODE
<u> </u>	
FROM DATETO DATE	FROM DATETO DATE
(Month/Year)	(Month/Year)
DO YOU REQUIRE A WORK PERMIT? YES ☐ NO ☐	DO YOU HOLD A FULL VALID DRIVING LICENCE? YES NO
If yes, do you hold one? YES ☐ NO ☐	If Yes, do you have your own transport? YES ☐ NO
If you are successful you will be required to provide evidence prior to	your appointment.
DELIABILITATION OF OFFENDERS ACT 1074	

Please give details of any court convictions, outstanding summonses or prosecutions (including SPENT convictions as due to the nature of the work that you have applied for the post is EXEMPT from the provision of the act (section4(2)), by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions Orders 1975)). Any false statement will disqualify you from employment, or, if employment has commenced, will render you liable to summary dismissal.

YES NO	Have you any previous convictions?	ES 🗌	NO [	J
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Applicants should note that providing false information to obtain employment is a criminal offence (S16 Theft Act 1968)

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NATURE OF OFFENCE
SENTENCE OR COURT ORDER WITH COSTS

ORDER WITH COSTS

ORDER WITH COSTS

Please give details of a FULL employment history, starting with the most recent and explaining ALL gaps in employment. Please continue on a separate sheet if necessary.

EMPLOYER NAME AND ADDRESS	JOB TITLE	REASON FOR LEAVING	DATE	
	OOD TITLE	NEAGON FOR ELAVING	FROM	TO



### **EDUCATION and QUALIFICATIONS**

Please give details of your education and the qualifications obtained. Include details of any qualification you are currently studying for.

NAME OF SCHOOL, COLLEGE, UNIVERSITY ETC.	DATES ATTENDED	QUALIFICATIONS GAINED
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## TRAINING

Please give details of any further training you have received which supports your application. Include any on-the-job training as well as formal courses.

DATES	DURATION	TITLE OF TRAINING PROGRAMME / COURSE & BRIEF
		DESCRIPTION
	<u> </u>	

August 2024			
		-	
		-	
	-	_	
PERSONAL STATEMENT			
ABILITIES, SKILLS, KNOWLEDGE A	AND EXPERIENCE		
Use this section to demonstrate ho Draw on all aspects of your educat	ow you meet all of the criteria for ion and experience, including pa	the job as set out in the enclosed d and unpaid employment. Pleas	l job description and person specification. e continue on a separate sheet if
necessary.			
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	-	<del>/</del>	
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DEFERENCES		
REFERENCES		
ease provide details below of at least tw	o references, one of whom MUST be your current, i hould be a past employer. If you have not been em	most recent or most relevant employer and have
Dyears, then two character references w	ill be accepted.	
naracter references should, where possib e not acceptable referees. If you have m	ole, be professional people, i.e. teacher, medically ore than one current employer you must give refer	or legally qualified person. Friends and relative ence details for both.
Name/Title	Name/Title	Name/Title
lob Title	Job Title	Job Title
Relationship to yourself (e.g. manager,	Pulsia kia kana atti (a a a a a a	Policia di con a differenza
	Relationship to yourself (e.g. manager,	Relationship to yourself (e.g. manager,
teacher etc.)	teacher etc.)	teacher etc.)
		-
Address	Address	Address
		-   -
		_
		_
		_
Post Code	Post Code	Post Code
Tel No	TalNa	TalNia
Tel No	Tel No	Tel No
		-
Fax No	Fax No	Fax No
		_
May we contact this referee prior to	ay we contact this referee prior to  May we contact this referee prior to	
interview? YES	interview? YES ☐ NO ☐	May we contact this referee prior to interview? YES □ NO□
		,
AVAILABILITY (tick all times you		00pm to 10:00pm
Monday	25.555	
Tuesday Wednesday		Wake Nights ☐ Sleep Nights ☐
Thursday		
Friday		

August 2024

Sunday		
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Full Time Part Time

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I declare that the information contained in this application (and any further information enclosed) is correct to the best of my knowledge.

I agree that my potential employer may take reasonable steps to verify the information.

I understand that any false statement will disqualify me from employment or, if discovered after employment has commenced, may render me liable for summary dismissal.

I also understand that any offer of employment will be subject to satisfactory references and Enhanced Criminal Records Bureau Disclosure.

In accordance with the Data Protection Act 1998, I understand that the information provided on this form will be used in the recruitment and selection process and will form the basis of the personnel record for the successful candidate. It will also be held on a database and used for equal opportunities monitoring purposes.

Signed :		Date :	
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# CONFIDENTIAL

