



## Care Worker Employment Application Form

Please complete each section clearly using a **Black or Blue Pen**.

### Section One. Your personal details

Title: \_\_\_\_\_ Forenames: \_\_\_\_\_ Last Name: \_\_\_\_\_

What name are you known by: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Section Two. Please describe briefly why you want to work for MSC Homecare as a care worker?

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### Section Three. Proof of your identity and right to work in the UK

Before MSC Home Care can offer employment it is required to verify your identity and right to work in the UK. We will use this on-line check list <https://www.gov.uk/legal-right-work-uk> to initially assess your right to work in the UK. You will also be required to produce the applicable original documents for examination and verification. For more information about the right to work in the UK, please see <https://www.gov.uk/check-job-applicant-right-to-work>.

Do you have the right to work in the UK? NO  YES

**Section Four. Any previous criminal proceedings, cautions, and convictions?**

Application for employment as a carer is regarded as a Regulated Activity; you are therefore exempt from the provisions of the Rehabilitation of Offenders Act 1974 Section 4.2 (Exemption Order 1975). You are not entitled to withhold information about convictions which for other purposes might be considered 'spent' under the provisions of this Act. Current guidance regarding the Rehabilitation of Offenders Act can be found at: <https://www.gov.uk/government/publications/new-guidance-on-the-rehabilitation-of-offenders-act-1974>. Guidance regarding Regulated Activity can be found at:

<https://www.gov.uk/government/publications/new-disclosure-and-barring-services>

Have you been or are you currently the subject of any criminal proceedings or police investigation?  
NO/YES please state; \_\_\_\_\_

**Section Five. Enhanced Disclosure and Barring Service (DBS) Check**

MSC Home Care is required to obtain an enhanced DBS check to establish that you are an appropriate person to undertake work as a care worker with vulnerable adults which is regarded as a Regulated Activity. You will need to provide documents to prove your identity and addresses for at least the last 5 years. MSC Home Care uses an on-line system to submit your details. You may not be able commence employment until MSC Home Care has received a satisfactory enhanced disclosure. For guidance about enhanced DBS checks please see; <http://dbs.services/enhanced-dbs-check>

**Section Six. Your Employment History**

Please state the details of your **present or most recent Employer**.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Your Job Title or Role: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Previous Employer**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Your Job Title or Role: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## Previous Employer

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Your Job Title or Role: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Please ask if you require an additional sheet to record your employment history for the last 5 years.**

### Section Seven. Employment References

MSC Home Care requires a minimum of two references; one must be from your present or most recent employer. The reference should be completed by your present or previous Manager, Director or the Human Resources Department. If you are unable to provide a reference from previous employers, we may accept references from professional persons that have known you for at least 5 years.

#### Reference One.

Please state the contact details for your present or most recent Employer.

Name: \_\_\_\_\_ Job Title or Role: \_\_\_\_\_

Company or Organisation Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**If you are presently employed, please indicate your agreement to MSC Home Care contacting your employer for a reference. Yes, I Agree  or, please confirm when it will be acceptable for us to contact them, Date: \_\_\_\_\_**

#### Reference Two

Please state the contact details for previous employer.

Name: \_\_\_\_\_ Job Title or Role: \_\_\_\_\_

Company or Organisation Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Section Eight. Your Availability to work?**

When could you start work? \_\_\_\_\_ Do you have any holidays or other events that are already booked? NO/YES please state when;

MSC Home Care normally provides services, from 7.00am – 10.00pm, 7 days a week. We need carers available to cover these hours, working both full and part time hours. Weekly rotas start on Saturday morning, and continue until Friday.

Please indicate how many regular hours per week you want to work? \_\_\_\_\_

Please indicate if you would be available to work additional hours if required \_\_\_\_\_

We expect carers to be available to work every other weekend. Please indicate with an X in the relevant box for any shift (Morning, Lunchtime, Tea and Bedtime) or day(s) **when you ARE regularly available to work.**

**Saturday**

Morning 7 - 10.00 am	<input type="checkbox"/>	Lunchtime 12 - 2.00 pm	<input type="checkbox"/>
Tea 4 - 6.00 pm	<input type="checkbox"/>	Bedtime 7-10.00 pm	<input type="checkbox"/>

**Sunday**

Morning 7 - 10.00 am	<input type="checkbox"/>	Lunchtime 12 - 2.00 pm	<input type="checkbox"/>
Tea 4 - 6.00 pm	<input type="checkbox"/>	Bedtime 7-10.00 pm	<input type="checkbox"/>

**Monday**

Morning 7 - 10.00 am	<input type="checkbox"/>	Lunchtime 12 - 2.00 pm	<input type="checkbox"/>
Tea 4 - 6.00 pm	<input type="checkbox"/>	Bedtime 7-10.00 pm	<input type="checkbox"/>

**Tuesday**

Morning 7 - 10.00 am	<input type="checkbox"/>	Lunchtime 12 - 2.00 pm	<input type="checkbox"/>
Tea 4 - 6.00 pm	<input type="checkbox"/>	Bedtime 7-10.00 pm	<input type="checkbox"/>

**Wednesday**

Morning 7 - 10.00 am	<input type="checkbox"/>	Lunchtime 12 - 2.00 pm	<input type="checkbox"/>
Tea 4 - 6.00 pm	<input type="checkbox"/>	Bedtime 7-10.00 pm	<input type="checkbox"/>

**Thursday**

Morning 7 - 10.00 am	<input type="checkbox"/>	Lunchtime 12 - 2.00 pm	<input type="checkbox"/>
Tea 4 - 6.00 pm	<input type="checkbox"/>	Bedtime 7-10.00 pm	<input type="checkbox"/>

**Friday**

Morning 7 - 10.00 am	<input type="checkbox"/>	Lunchtime 12 - 2.00 pm	<input type="checkbox"/>
Tea 4 - 6.00 pm	<input type="checkbox"/>	Bedtime 7-10.00 pm	<input type="checkbox"/>

### Section Nine. Your Training and Development

Please list below all your qualifications and any relevant training you have completed. You will be required to produce the applicable original documents and certificates for examination and verification.

Have you completed an NVQ level 2 or equivalent in Health and Social Care? NO/YES

Name of the Education or Training provider	Address	Qualification or training achieved	Date completed

Please ask if you require an additional sheet to record your training history.

### Section Ten. Your Health Assessment

Working as a carer requires physical effort (for example, cleaning, moving and handling people), and emotional/psychological effort (for example, challenging behaviour, rapid changes to plans and emotional distress). Do you have any medical condition which could limit or affect your employment as a carer for which MSC Home Care might need to make reasonable adjustments? NO/YES please state;

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### Section Eleven . Your Transport Details

You will need to be able to travel to and from the location of calls, how would you do this?

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Do you hold a valid and current full driving licence? YES  NO

Do you have access to your own transport for use at work? YES  NO

Do you have valid and current insurance for a vehicle for business use? YES  NO

Further comment: \_\_\_\_\_

## Section Twelve. Your Declaration

By making this application for employment, I \_\_\_\_\_ (your name) confirm and agree to the following. (please tick indicating you have read each statement)

- The information I have given in this application form is accurate and complete to the best of my knowledge.
- MSC Home Care can use and check this information to verify my suitability for employment.
- Providing misleading or false information during the application process may prevent me being offered employment or my employment terminated after commencing employment.
- All personal information provided for my application for employment is confidential and should be treated as required by the Data Protection Act 1998. Specifically, it should only be kept and used in connection with my application and employment as a carer.
- An offer of employment will depend on receipt of satisfactory references and an enhanced DBS check.
- I will be required to satisfactorily complete a pre-employment induction training programme.

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**Signed :** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Section Thirteen. The next stage – An Interview.

When you have completed this application form, please contact us directly to return the completed form and arrange an interview.

Please inform us before your interview if you need any reasonable adjustments for the interview, this might include equipment or assistance to ensure effective communications at the interview.

At the interview we will ask you some questions about your motivation and experience to complete the role of a carer? how you value other people? and your attention to detail and ability to follow instructions.

## Section Fourteen. Equality and Diversity Monitoring

MSC Home Care works to ensure it promotes equality and diversity including in its employment arrangements. To check how effective we are please complete this section of your application form separately, this information is not used to assess your suitability for employment.

### Age

<18  18-24  25-30  31-40  41-50  51-60  61-70  70+

### Gender

Male  Female  Transgender  Other (please state)  \_\_\_\_\_

### Sexual Orientation

Gay  Lesbian  Bisexual  Heterosexual

### Ethnic Origin

#### White

British  Irish  Other

#### Asian

Bangladeshi  Indian  Pakistani  Other

#### Black

African  Caribbean  Other

#### Mixed

White and Black Caribbean  White and Black African

White and Asian  Other

#### Other

Chinese  Other Ethnic Group  Prefer not to say

### Religion

No religion  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh

Other