

APPLICATION FORM FOR EMPLOYMENT

JCB No.



Attach photo

Your application will be treated in the strictest confidence.

All sections must be completed in **BLOCK CAPITALS** in black ink.

Please ensure all information requested is completed as incomplete applications will be rejected.

Uk Star Care Limited, Sceptre House 75-81 Stains road Hounslow TW3 3HW

Job title of vacancy you are applying for	
Location of vacancy you are applying for	

Surname:		First Names:	
Maiden Name:		Title: Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms <input type="radio"/> Other <input type="radio"/>	
Address :			
Post Code		Tel No.	
Date of Birth		Place of Birth (inc. Country):	
National Insurance No.		Nationality	

Do you hold a current / valid passport?	Yes <input type="radio"/> No <input type="radio"/>	Passport No.	
Do you require a Work Permit for the UK	Yes <input type="radio"/> No <input type="radio"/>	If yes attach a copy when returning this application	
Do you have a current / valid driving licence	Yes <input type="radio"/> No <input type="radio"/>	Licence number :	
Do you have current Endorsements?	Yes <input type="radio"/> No <input type="radio"/>	If yes, give details:	

Have you ever been fined, cautioned, sentenced to imprisonment, placed on probation, discharged on payment of costs, or had any order made against you by a criminal, civil or military court or public authority? Yes No

If yes, give details:

Failure to disclose information in this regard (including any cautions) is regarded as a criminal act under the Fraud Act 2006 which carried maximum sentence of 5 years imprisonment.

PHYSICAL RECORD

Height:	Hair Colour:	Eye Colour:
Have you had any time off work through illness / injury in the past 2 years?		Yes <input type="radio"/> No <input type="radio"/>
If yes , please give details:		
Does your health prevent you from performing certain types of work?		Yes <input type="radio"/> No <input type="radio"/>
If yes, please give details:		

EDUCATION

(Begin from Secondary school and include any current courses you are attending)

From dd/mm/yy	To dd/mm/yy	Name & Address of School / College/ University	Name of Teacher/ Lecturer	Qualifications Attained
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		Post Code: Tel No. Fax No.		
		Post Code: Tel No. Fax No.		
		Post Code: Tel No. Fax No.		
		Post Code: Tel No. Fax No.		

Other Qualifications, courses or training you have attended (Please include details of any courses which you are currently attending – including dates)

Do you hold an SIA Licence?	Yes <input type="radio"/> No <input type="radio"/>	If Yes give licence number
Have you previously held an Airport ID Pass	Yes <input type="radio"/> No <input type="radio"/>	If yes, please state when ID card was issued and at which airport:

EMPLOYMENT HISTORY

Start with the most recent and working backwards, please state details below ALL periods of: EMPLOYMENT, UNEMPLOYMENT and MILITARY SERVICE to cover the last 5 years. It is important that you give EXACT DATES and FULL name, addresses and telephone numbers to enable us to complete the

necessary checks required. An incomplete background check may result in employment and / or completion of probationary period being denied.

From dd/mm/yy	To dd/mm/yy	Name & Address of Employer	Job Title	Reason for Leaving
		Post Code: Tel No. Fax No.		
		Post Code: Tel No. Fax No.		
		Post Code: Tel No. Fax No.		
		Post Code: Tel No. Fax No.		
		Post Code: Tel No. Fax No.		

Please attach a separate sheet if necessary

PERSONAL REFERENCE

Please give the names, addresses and telephone numbers of two friends who have known you for over two years. They should not be relatives or past employers.

Name		Name	
Address		Address	
Telephone No.		Telephone No.	
Occupation		Occupation	
How long known?		How long known?	

PLEASE NOTE THAT THESE REFERENCES WILL BE REQUIRED IN ORDER TO OBTAIN AN AIRPORT ID PASS.

When can you start work?
In the next 12 months, are there periods when you will be UNAVAILABLE for work? (ie. Holidays, Medical appointments etc.) Yes <input type="radio"/> No <input type="radio"/>
If Yes, please give details:

Briefly state why you would like to work in this job and add anything which you wish to support application:

DECLARATION

<p>I declare that the information given on this form is completed and accurate and to the best of my knowledge. Any false statement may lead to refusal of employment or disciplinary proceedings or summary dismissal. I understand that, any engagement entered into is subject to a probationary period, satisfactory references and documentary evidence of a National Insurance Number/other proof of the right to work in the UK and a satisfactory medical examination (if required) . I have no criminal convictions other than those disclosed on the form. I authorise you to approach my former employers, education establishments, Government agencies, personal credit references agencies and personal referees for verification of information. I accept final offer of employment is conditional on satisfactory Criminal Record Check / Counter Terrorist Check.</p>	
Name:	Signature:
Date:	