

# ST MARTIN'S RESIDENTIAL CARE LIMITED

## Residential Care for the Elderly

Telephone:  
Manager/Enquiries 01702 475891  
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E-mail sue@stmartinscare.org  
Web site www.stmartinscare.org

St Martin's  
59 Imperial Avenue  
Westcliff on Sea  
Essex SS0 8NQ

*With the compliments of Susan Field, Manager*

## IMPORTANT INFORMATION – PLEASE READ

In order to consider you for employment here, please ensure that all sections of the application form are FULLY completed. For regulatory reasons, you MUST ensure that the PREVIOUS EMPLOYMENT section is fully completed and all gaps in time are accounted for. If necessary, please use additional sheets of paper.

If the information contained in your application form is complete and shows that you would be a suitable candidate for employment here, we will contact you to arrange an interview appointment with you.

Prior to the interview, YOU WILL BE REQUIRED TO BRING PERSONAL IDENTIFICATION DOCUMENTATION (birth certificate, passport, national insurance card, employment documentation etc.) If you hold a Criminal Records Bureau Disclosure and/or any training certificates you should also bring these with you. Please note that original documents must be provided.

### **PQASSO LEVEL 3 ACCREDITATION**

St Martin's Residential Care Limited. Company No. 4476939. Limited by Guarantee.  
Registered Charity. Charity Commission No. 1104147.

# APPLICATION FOR EMPLOYMENT

**Strictly Confidential**

St. Martin's Residential Care Ltd.  
59 Imperial Avenue  
Westcliff on Sea  
Essex SS0 8NQ  
Tel. 01702 475891

## Please complete in Ink and Capitals or Type

Post Applied For:

## PERSONAL DETAILS

Surname:	Forename:
Address:	Other surnames by which you may be known:
Postcode:	Tel. No: (home)
	Tel. No: (work)

## GENERAL DETAILS

Are you required to have a Work Permit?	Yes / No
If yes, do you currently have a Work Permit?	Yes / No
If yes, give Permit Number and Expiry date:	

## PRESENT / MOST RECENT EMPLOYMENT

Position:	Name of Employer:
From:                      To:	Address:
Notice Period:	
Reason for Leaving:	Post Code:
Please describe your duties:	

**PREVIOUS EMPLOYMENT****(Please provide details of employment over the last 10 years)**

Dates: From To	Employer's Name and Address	Job Title and Key Responsibilities	Reason for Leaving
Are you subject to any current or outstanding disciplinary/ investigative procedures or legal action?  If yes, please give details			<b>Yes / No</b>

**EDUCATION**

Dates: From To	Secondary School/ Further Education	Qualifications and Grades	Year Obtained

## FURTHER STUDY OR TRAINING

Qualification or Course	Level or Examination Body	Date Achieved

## ADDITIONAL INFORMATION

You may wish to give examples from past employment, leisure interests, or voluntary work experiences that may be relevant to the position.

## MEDICAL INFORMATION

Have you ever had an operation?	Yes / No
Do you suffer from: Diabetes	Yes / No
Arthritis/Back Pain or 'trouble'	Yes / No
Epilepsy/Fits	Yes / No
Migraine	Yes / No
Nerve Trouble/Depression	Yes / No
High Blood Pressure	Yes / No
Alcoholism/Drug problems	Yes / No
Any other health problems - please give details below:	

