



Roster Care Ltd

5 Chorley New Road, Bolton, Manchester, BL1 4QR
Tel : 0333 577 1995 Mob : 07535 753052

Application for the post of: _____

Employee Details Form	
Name	
Date of Birth	
NI Number	
Address	
Postcode	
Contact Number	
Email Address	
Right to Work in the Uk	
Do you have any restrictions to work in the UK?	
If yes, please give details.	
Emergency Contact Details	
Name	
Relation to you	
Phone Number	
Address	
Postcode	



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Current/Most Recent Employment

Employers Name and Address:

Job Title:

Present Salary:

Date Commenced:

Please describe the duties and responsibilities of this job:

Previous Employment

Employers Name and Address:

Job Title:

Dates From:

Dates To:

Reason for Leaving:

Employers Name and Address:

Job Title:

Dates From:

Dates To:

Reason for Leaving:

Skills, Knowledge and Experience

Please demonstrate your ability to meet the requirements of the job by giving clear examples of each criteria on the job description. You may use examples from paid or volunteer work.



References

Reference One: Current or Most Recent Employer

Company Name:

Name:

Position:

Address:

Postcode:

Telephone:

Email:

Reference Two: Previous Employer

Company Name:

Name:

Position:

Address

Postcode:

Telephone:

Email:

Disabilities

Rostercare is positive about disability and uses this information to help guarantee interviews to disabled applicants who meets the essential criteria.

Do you have any disabilities which we should be aware of? (Please circle) Yes No

If yes, please describe any specific arrangements you may require to enable you to attend/undertake tests or the interview?



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Convictions

Have you ever been cautioned of a criminal offence? (Please Circle) Yes No

Have you ever been convicted of a criminal offence? (Please Circle) Yes No

If yes, please give details:

Safeguarding

Have you ever been the subject of a safeguarding enquiry? (Please Circle) Yes No

Are you or have you ever been included on the ISA Adult Barred List? (Please Circle) Yes No

If yes, please give details:

Declaration

I declare that all the information I have given on this application form is true to the best of knowledge and belief. I understand that my application will be subject to compliance with the Asylum and Immigration Act. I declare that completing and submitting this application form I hereby give consent to Rostercare Ltd to process these details as appropriate for my application.

Signed: _____

Date: _____