



Affix
Photograph

APPLICATION FORM

Post applied for:

.....

How did you hear about HUMANE?

PERSONAL DETAILS

TITLE: LAST NAME:

FULL FIRST NAMES

Date of Birth: Age: Home Tel No:

Email: Mobile No:

Home Address

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.....
.....
..... Postal Code:

National Insurance Number:

- Please tick (✓)
- Do you have a valid driving licence? Yes No
- Do you have a valid Passport? Yes No
- Do you need a Work Permit for employment in the UK? Yes No
- Are you related to any member(s) of Humane staff? Yes No

**TO ENABLE US TO PROCESS YOUR APPLICATION QUICKLY,
PLEASE ENCLOSE AN UP-TO-DATE CV**

PRESENT/LAST EMPLOYER (Please include any voluntary work)

Name:

Address:

.....

.....

Type of Business:

.....

From:

Job Title:.....

.....

Reason for leaving (if applicable)

.....

Salary:.....

Please give description of your present /last job and your responsibilities:-

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PREVIOUS EMPLOYMENT DETAILS

Please give details of previous employment, starting from the most recent and accounting for any gaps in employment.

Name and address:.....

.....

From: To: Salary/Rate:

Job Title:.....

Reason for Leaving:

Name and address:.....

.....

From: To: Salary/Rate:

Job Title:.....

Reason for Leaving:

Name and address:.....

.....

From: To: Salary/Rate:

Job Title:.....

Reason for Leaving:

EDUCATION and QUALIFICATIONS

Please give details of your education and qualifications received, using a separate sheet if necessary

Schools/Colleges, etc	From	To	Examinations passed/qualifications obtained
.....
.....
.....
.....
.....

Details of any further qualifications obtained or relevant courses attended:

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OTHER INFORMATION

Please use this space to explain why you are interested in this position and why you feel able to do the job. We are interested in the type of person you are, as well as your experience and qualifications. Please continue on a separate sheet, if necessary.

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MEDICAL DETAILS

Have you suffered from RECENTLY or REPEATEDLY- **please confirm (YES) OR (NO)**

Please do not leave ANY boxes Blank

Diabetes

Migraine

Bronchitis

Fits

Pleurisy

Back Pain/Injury

Asthma

Epilepsy

Tuberculosis

Pneumonia

Chest Pain

Other (Please state)

Signature Date.....

Are you taking any medication at present, either prescribed or otherwise

YES

NO

If YES, what condition(s) is the medication being taken for?

.....

Please give details of any medical condition, past or present, which may affect your work?

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REFERENCES

Please give names and addresses of 2 people to whom we may apply for references - present and previous employers

OR

2 people - preferably Professionals e.g. Doctor, Accountant - who have known you for at least 3 years

WORK
Name:.....
Job Title:.....
Organisation:.....
Address:.....
.....
E-Mail:.....
Telephone:.....

PERSONAL OR WORK
Name:.....
Job Title:.....
Organisation:.....
Address:.....
.....
E-Mail:.....
Telephone:.....

When will you be free to take up a new appointment?

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BANK DETAILS

In order to be paid by BACS please complete the following details:

YOU MAY WANT TO WITHHOLD THIS INFORMATION UNTIL CONFIRMATION OF POST

Bank/Building Society

Branch

Bank Address

Account Number /...../...../...../...../...../...../...../...../...../ (Max 8 Digits)

Bank Sort Code / / / (Max 6 Digits)

Account in Name of

Building Society Reference Number.....

DECLARATION

I declare that the information I have provided is true and correct, to the best of my knowledge. I understand that providing false information may result in dismissal. I have no objection to any of the information contained on this form being disclosed to my present or any future employer.

Signed..... Date

FOR OFFICE USE ONLY

File Reference:

Interview Place/Date - letter sent		Date sent:
Result of Interview - letter sent		Date sent:
Contract		Date sent: Date returned:
Start Date		Grade
Qualification(s) seen / copied	YES/NO	
Proof of identity seen / copied	YES/NO	
Work Permit verified / copied	YES/NO	
Driver's Licence seen / copied		
Passport seen / copied		
DSS letter request	YES/NO/NA	Date sent: Date received:
Police check letter requested		
OR		
Criminal Records Bureau check	YES/NO	Date sent: Date received:
Reference 1	YES/NO	Date sent: Date received:
Reference 2	YES/NO	Date sent: Date received:
SIGNATURE:		DATE:

EQUAL OPPORTUNITIES MONITORING FORM

VACCINATION DETAILS

Have received vaccination for the following - please tick (✓) Please provide proof

Hepatitis A	<input type="checkbox"/>	Influenza	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	(Whooping Cough)	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>
Varicella (Chicken Pox) Vaccine	<input type="checkbox"/>	Other (Please state)	<input type="checkbox"/>

Are you currently undergoing immunisations at present?

YES NO

If YES, what vaccination(s)

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EQUAL OPPORTUNITIES POLICY

Humane Community and Housing Support Ltd (Humane) is committed to a policy of equal opportunities for all and will adhere to such a policy at all times and undertakes ongoing views of all aspects of recruitment to avoid unlawful or undesirable discrimination. Humane will treat everyone equally irrespective of gender, sexual orientation, marital status, age, disability, race, colour, religion, ethnic or national origin and places an obligation upon all staff to respect and act in accordance with this Policy. Humane is committed to providing training for its entire staff in equal opportunities practice.

Humane will not discriminate unlawfully when deciding which candidate/temporary worker is submitted for a vacancy or assignment, or in any terms of employment or terms of engagement for temporary workers. Humane will ensure that each candidate is assessed only in accordance with the candidate's merits, qualifications and ability to perform the relevant duties required by the particular vacancy.

Humane will not accept instructions from clients that indicate an intention to discriminate unlawfully.

Humane has in place procedures for dealing with complaints, including discrimination. A copy is available from Christine Foster in the London office.

REHABILITATION OF OFFENDERS ACT

The nature of the work for which you are applying is considered to be exempt from the provisions of the Rehabilitation of Offenders Act 1974 by virtue of Exemption Order 1975. Applicants are required to give full details of ALL convictions for criminal offences, which would otherwise be considered as "spent" by virtue of the said Act. Failure to disclose such convictions will result in immediate removal from our register.

Have you ever been convicted of a criminal offence (including juvenile offences)?

Please tick (✓)

YES

NO

If YES, please give details

.....
.....
.....

Signature

Date

Please return completed forms to:

**The Manager
Humane Recruitment Limited
Suite A: 4TH Floor
Carolyn House
22-26 Dingwall Road
Croydon CR0 9XF**