

APPLICATION TO WORK AT JAH-JIREH

Please return to:- Jah-Jireh, 317 Lytham Road, Warton, Preston, PR4 ITE

Please complete this form in your own hand writing and attach a recent photograph to this form. You may use additional pages as needed, and can attach a full CV if you desire to do so.

Position: _____ **Home (s):** _____

Surname: _____ Forename(s): _____

Title (Mr/Mrs/Miss): _____ Date of Birth: ____/____/____

Address: _____

Post Code: _____

Tel No(s): _____

Email: _____

Relevant Qualifications:

(If RGN, please state PIN No: _____)

Are you a relative of the registered person or of a person who is resident in the Home?

YES ☐ NO ☐ If YES please give details: _____

References:

Last Employer: _____

Address: _____

Post Code: _____ Tel No: _____

Character Ref: _____

Address: _____

Post Code: _____ Tel No: _____

Date of Baptism: ____/____/____

Criminal Records:

Have you been found guilty of any criminal offence or have the police or courts taken action against you for any reason, past or present? YES ☐ NO ☐

If so, please supply details on a separate sheet.

Most employment at Jah-Jireh is conditional on a Criminal Records Disclosure which will need to be completed and obtained in the event of a successful application. A criminal record is not necessarily a bar to obtaining a position. Jah-Jireh will pay for the Disclosure Application however if you cannot be employed or leave our employment within 6 months, making this application authorises Jah-Jireh to recoup the cost from you.

Please provide a Full Work History (including voluntary work and other areas where you may have acquired some skills to perform this work)

Is there anything which may prevent you from or limit you in performing all tasks involved in this work?
YES ☐ NO ☐ If YES please give details on a separate sheet

Signed: _____ Date: ____/____/____

FOR OFFICE USE

Position Offered:	_____	Start Date:	____/____/____
Hours per Week:	_____	Contract:	_____
Hourly Rate:	_____	Staff Handbook:	_____
References checked:	_____	Payroll Form:	_____

PRE-EMPLOYMENT HEALTH QUESTIONNAIRE

Please return with your application for employment.

Surname:	_____	Forename(s):	_____
NI Number:	_____	Date of Birth:	____/____/____
GP:	_____		
Address:	_____		
Post Code:	_____	Tel No:	_____
Next of Kin:	_____		
Address:	_____		
Post Code:	_____	Tel No:	_____

Have you had any back injuries? YES ☐ NO ☐

If YES please give details:

Do you experience back pain? YES ☐ NO ☐

Are you taking or have you been prescribed any regular medication? YES ☐ NO ☐

If YES please give details (e.g. Insulin, GTN, Inhaler):

Do you have any allergies? YES ☐ NO ☐

If YES please give details:

Do you have any other health problems that may affect your ability to work? YES ☐ NO ☐

If YES please give details:

If your health situation changes in the future, you do have an obligation to inform us

Women Only:

We need to be informed in the event of you becoming pregnant or if you have recently given birth, at the earliest possible date.

The above information is needed in order for us to produce a welfare plan for each employee, and to know what to do in the event of an emergency.

= - - - - - =

Jah-Jireh recommends that care staff who are likely to come into contact with clients' bodily fluids, request from their doctors appropriate Hepatitis vaccination. This must be in accord with individual conscience.

= - - - - - =

We would like to encourage all staff to lodge a copy of their Advance Medical Directive with the manager, to be kept in your personal file, for use in the event of an emergency. A new copy will be needed every time your Directive is updated/changed.

I confirm that the above details are true and accurate, and form part of my application for employment at Jah-Jireh

Signed: _____

Date: _____/_____/_____