



TEL: 01202 269372 MOB: 07903 907872

Helping Hands Domestic Care Agency
Employment Application Form

Date of Application:

1. Name:

2. Address:

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3. Tel No:

4. Mob No:

5. Date of Birth:

6. National Insurance No:

7. Have you any criminal convictions? Yes No
(please circle correct answer)

If yes, please give details:

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8. Have you had a CRB police check? Yes No
(please circle correct answer)

9. Would you be prepared to have one? Yes No
(please circle correct answer)



10. Previous Employment

<u>From</u>	<u>To</u>	<u>Employer</u>	<u>Position Held</u>
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11. Previous experience relating to position applied for:

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12. Number of hours per week required:

13. Days of week prepared to work:

14. Name, Address and Telephone Number of 2 referees:

Name:	Name:
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Address:	Address:
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Tel No:	Tel No:
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Capacity known:	Capacity Known:
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15. Bank Details

Name of Bank:

Sort Code:

Account Number:

Name in which Held:

(This information is required in order to pay your wages directly into your bank if your employment application is successful)

Signed:

Name:

Date:

OFFICE NOTES