



Wetley Manor Care Home

Abbey Road, Wetley Rocks, Stoke on Trent, ST9 0AS

Tel/Fax: 01782 55 11 44

Email: wetleymanor@btinternet.com

Web: www.wetleymanor.co.uk

APPLICATION FOR THE POST OF:	
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PERSONAL DETAILS			
Surname:		Date of Birth:	
First Name:		Marital Status:	
Address :		NI Number:	
		Tax Code:	
		Full Driving Licence	YES / NO
		How will you travel to work?	
Post Code:		Work Tel:	
Home Tel:		Mobile:	

EDUCATION & QUALIFICATIONS			
Institution	Level, i.e. A/O	Dates	Grades

TRAINING		Please give details of any training are receiving/completed
Dates	Description	

PRESENT/LAST EMPLOYMENT	
Name of Employer:	
Address:	
Tel:	
Job Title:	
Start Date:	
Leaving Date:	
Duties/Responsibilities:	
Pay:	
Notice Period:	
Reason for wanting to leave:	

PREVIOUS EMPLOYMENT 1	
Name of Employer:	
Address:	
Tel:	
Job Title:	
Start Date:	
Leaving Date:	
Duties/Responsibilities:	
Pay:	
Notice Period:	
Reason for leaving:	

OTHER EMPLOYMENT: Start with most recent, use additional sheets if required				
From	To	Name & Address of Employer	Job Title & Responsibilities	Reasons for Leaving

GAPS IN EMPLOYMENT: Are there any gaps in your employment? Please give details	
Dates	Reason

REFERENCES: Please give details of TWO persons, one MUST be your present/previous employer , if your first job then use a college/school referee			
REFEREE 1		REFEREE 2	
Job Title:		Job Title:	
Name:		Name:	
Address:		Address:	
Post Code:		Post Code:	
Work Tel:		Work Tel:	
Home Tel:		Home Tel:	

I DECLARE THAT THE INFORMATION I HAVE PROVIDED IS TRUE & ACCURATE,

Signature _____

Dated _____

PLEASE RETURN THIS FORM TO THE 'CARE MANAGER' AT THE ADDRESS ON PAGE 1