

Jackson-Barstow House | 28 Thornbury Road | Uphill Weston-super-Mare | BS23 4YQ

T: 01934 423900 | F: 01934 423901

Retail Application Form													
Post Title	Bank Van Driver							١	/acancy	Ref	WHC	-BVE)
Where did you find out about the vacancy?													
Date you are available to start work with us					Sa	alary Ex	pectation	ons					
Personal Information													
Surname	Foren			me/s									
Address													
Town/City			County					Post	code				
Phone No		,		Мс	bile No								
E-mail Address	s		I	Natio	nal Insu	rance N	umber						
Are you eligibl	e to work in the U	IK?						١	∕ES □	NO			
Do you require a work permit to work in the Uk			We will			rill need to see documentation at ffer stage							
Driving – some roles require a current full driving licence. If you are unsure whether the post you are applying for requires this, please refer to the Job Advert or the Job Description/Person Specification, or contact HR for advice. If this is not a requirement for your role, please move straight to the next section of this form.													
Are you able to	o travel to and be	tween our var	ious loca	itions	tor worl	k/trainii	ng purpo	oses?		YES		10	
Do you hold a full current driving licence? * YES □ NO		YES 🗆 NO		Do you have access to a car that can use for work purposes?		that	you	YES	_ I	10			
Do you have any current endorsements? YES NO													
Additional Comments													
* Please note - at the job offer stage, we will need to take and hold a copy of this for our records													
Do you have any unspent convictions that are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)? The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account.													

References – Please provide details of your two previous employers. These should be your two MOST RECENT employers. We will not contact referees without your permission if you have checked 'NO' below.								
Referee Name		Position/Job Title						
Relationship to you (e.g. Line Mgr, Department Head)								
Organisation Name		'						
Organisation Address								
Contact Number		Contact E-mail						
I authorise Weston Hosp	icecare to obtain refer	ences from the emplo	oyer (above)	YES [] NO [
Referee Name		Position/Job Title						
Relationship to you (e.g	Line Mgr, Department	t Head)						
Organisation Name								
Organisation Address								
Contact Number		Contact E-mail						
I authorise Weston Hosp	icecare to obtain refer	ences from the emplo	oyer (above)	YES [] ON [
Current/most recent job below.	– briefly describe your	duties/responsibilitie	es in your curr	ent/mos	t recent r	ole, in the s	space	
Name of Organisation			Dat	e Joined				
Are you still employed t	nere? YES 🗆 NO [☐ If' NO' Date and r	eason for leav	ving				
Are you/ have you ever be employed there?	Are you/ have you ever been subject to disciplinary poor performance proceedings whilst employed there?							
Your Job Title			Current/Leavi	ng Salar	у			
Description of duties and responsibilities								

Career History	/ – please star	t with the most r	recent. Continue on a	separate sheet	if you wish.			
Name of Organisation		Position Held						
Address of Organisation			'					
Date Joined		Date Left	Reaso	eason for Leaving				
Main Duties:								
Name of Orga	nisation		Po	sition Held				
Address of Or			I					
Date Joined		Date Left	Reaso	n for Leaving				
Name of Orga	nisation		Po	sition Held				
Address of Org	ganisation							
Date Joined		Date Left	Reaso	n for Leaving				
Main Duties:								
Name of Orga	nisation		Po	sition Held				
Address of Or	ganisation							
Date Joined		Date Left	Reaso	n for Leaving				
Main Duties:								

Name of Organisation			Position Held		
Address of Organisation					
Date Joined	Date L	eft Re	ason for Leaving	ı	
Main Duties:					
Education – Where a profethese with the relevant e					
Professional Institution (e.g. school, college, work training course)	based (e	evel & subject studied e.g. O Level Maths, NVo ealth & Social Care, BS alliative & End of Life C	2 Level 2 grad c in achi	e of qualification / de or level ieved (e.g. pass, rit, distinction)	Year in which your qualification was achieved

Supporting Information – Please use this section to tell us in more detail about your skills and experience. This may have been gained whilst doing paid or unpaid work, apprenticeships, whilst at college or at any other time in your life. What you write here will be compared against the criteria detailed in the Job Description and Person Specification. Please ensure you mention anything here that demonstrates that you fulfil the criteria. Don't assume that we will know.

Declaration Statement								
Please note that if any particulars given by you in this application are found to be false or if you omit or suppress any material facts, you will be liable to any job offer being withdrawn, or dismissal if you have already been appointed.								
Accordingly, please complete the following:								
I understand and agree to the following:								
	Should an offer of employment be made, I will be required to provide evidence of my eligibility to work in the United Kingdom before my employment commences.							
I declare that to the best of my knowledge and belief the information supplied on this form is accurate, complete and true. My appointment will be subject to the verification of the information provided on this form. Should any of the information I have given in this application be false, misleading or incomplete, it may lead to any job offer being withdrawn or my employment being terminated.								
I authorise Weston Hospicecare to obtain appropriate levels of criminal records checks during my employment and to disclose the information obtained to appropriate staff.								
If completing your application by hand, please sign and date the declaration below.								
Signed		Dated						

If completing your application electronically -please check the box to show you have read and	Click here
understood the above declaration statement, and select today's date.	to enter a
	date.

What will happen next

Please return your application to the HR Department (the address is at the top of the form) by midday on the closing date. This date can be found on the Job Advert. If returning your application electronically, please e-mail to hr.admin@westonhospicecare.org.uk by the closing date.

You will be contacted after the short listing process to confirm whether you have been selected for an interview, this can take around a week, but usually no more than two weeks from the closing date.

westonhospicecare.org.uk

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