

# graduate programme

## application process

### **Stage 1 Application**

The pdf application form is available to download and print.  
This should be completed in your own hand writing and forwarded to :

Mike Castree, Head of Human Resources, Dains Chartered Accountants, St John's Court, Wiltell Road, Lichfield, Staffordshire, WS14 9DS.

On receipt of your application form you will receive email confirmation from us.

Your application is then assessed by a member of our HR team and a decision is made as to whether you will be asked to progress to an Interview.

We will normally forward our decision to you within two working days.

### **Stage 2 First Round Interview**

You will be interviewed by a manager from your chosen business area and a member of our HR team.

The interview will include competency-based questions that will ask you to draw on your past experiences from university and work experience etc. The purpose of these questions is to ensure that you exhibit some of the basic skills required in your chosen business area.

### **Stage 3 Assessment Day**

The purpose of this day is to interact with a number of key staff from differing business areas. The day is run in a relaxed environment with networking opportunities with staff available over lunch.

Following your attendance at the assessment day, we will communicate our final decision to you, usually within 48 hours.

If you have any queries regarding any aspect of our Graduate Recruitment Programme please email our HR Executive at [careers@dains.com](mailto:careers@dains.com), we will be delighted to here from you...



0800 298 3899

[www.dains.com](http://www.dains.com)



# application for employment...

Please complete this document in your own handwriting by printing clearly in black ink.

<b>Surname</b>	
<b>Title</b>	

<b>Forenames</b>	
<b>Date of Birth</b>	

<b>Address</b>	
<b>Postcode</b>	

<b>Private</b> ☎	
<b>Mobile</b> ☎	
<b>Email</b>	

<b>Nationality</b>	
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<b>How will you travel to work?</b>	
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Please note, to enable us to comply with our obligations under the Asylum and Immigration Act, you will be asked to provide written proof of your right to work in the United Kingdom, before any job offer is made to you. You will be given details of the original document or documents which are required at the appropriate time.

<b>Do you have a full current driving licence?</b>	YES / NO
<b>Is it free of endorsements?</b>	YES / NO (If NO, give details):

Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974? YES / NO
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<b>Do you smoke?</b>	
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<b>National Insurance No.</b>	
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Please give details of any special interests or hobbies.
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<b>Have you previously worked for us?</b>	YES/NO. If yes, when and in what capacity?
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Do you have a contact or are you related to any person in the company, If so, please give details.
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## Employment

<b>Position applied for</b>		<b>Pay expected</b>	£	per
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<b>If offered this position, will you continue to work in any other capacity?</b>	YES / NO (If yes, please give details)
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<b>Would you work full time?</b>	YES / NO
If your application is for part time employment, please state days/hours preferred.	

<b>On what date would you be available to commence this employment?</b>	
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## Education

<b>Educational qualifications</b>			
Examinations Undertaken	O'Level/GCSE/'A' Level/'AS' Level GNVQ/ Degree or equivalents	Grade	Year Taken

<b>Please give name &amp; address of school / college / university where you attained your qualifications:</b>

**Professional membership & qualifications**

Please list:

**Employment history**

Present/Last Employer:		Date of Employment from:	
Address:			
Starting Salary:		Final Salary:	
Type of Business:		Position Held:	

**Describe the work undertaken:**

**Reason for Leaving:**

**Please give details of your two previous employers, most recent first.**

Employer:		Date of Employment from:		To:	
Address:					
Starting Salary:		Final Salary:			
Type of Business:		Position Held:			
<b>Describe the work undertaken:</b>					
<b>Reason for Leaving:</b>					

Employer:		Date of Employment from:		To:	
Address:					
Starting Salary:		Final Salary:			
Type of Business:		Position Held:			
<b>Describe the work undertaken:</b>					
<b>Reason for Leaving:</b>					

much more than chartered accountants...

## References

Please give details of two referees (one of whom should be your present/last employer and not relatives). Contact will only be made with your authority.

Name		Name	
Occupation		Occupation	
Address		Address	
Telephone		Telephone	

Please outline the skills and experience you have gained through paid employment, other work activities and interests which are relevant to your application for this position.

Please use this space to give any other information you feel is necessary to support your application including your reasons for applying to Dains and what skills or benefits you can bring.

**Disability**

Do you consider yourself to have a disability? YES/NO  
If yes, please give details.

How can we assist with any special needs to enable you to attend interview or carry out your duties?

If your application is successful, you may be asked to consent to Dains verifying the information you have given in this form.

**Sign and date the declarations and authorisation below:**

*I declare that the information given by me, to the best of my knowledge, is true and complete.*

*I acknowledge that dishonesty or the giving of incorrect information on purpose may render this application and any subsequent employment invalid and subject to summary termination.*

*In accordance with the Data Protection Act 1998, I hereby authorise Dains to process the information contained in this application form for recruitment and selection purposes.*

<b>Name (Block capitals)</b>	
<b>Date</b>	
<b>Signed</b>	

### Equal opportunities monitoring form

This information is required so that we can monitor the implementation of our equal opportunities policy. It will enable us to compile statistical information about applicants, in relation to gender, age, ethnic background and disability, for the purposes of comparison with similar statistical information on those actually recruited. It will not be used for any other purpose, and will not be looked at by those short listing or interviewing candidates. We would encourage you to complete it so that we can have a full picture of our recruitment and selection patterns.

<b>Name:</b>		
<b>Date of birth:</b>		
Male / Female * (please delete as appropriate)		
<b>Position applied for:</b>		
<b>Where did you see this job advertised?</b>		
<b>Do you have any disabilities?</b>	Yes / No *(please delete as appropriate)	
<b>How would you describe your ethnic origin? Please indicate one of the following categories:</b>		
White		
Black – African		
Black – Caribbean		
Black – Other, please specify		
Indian		
Pakistani		
Bangladeshi		
Chinese		
Asian – other, please specify		
None of the above, please specify		

These categories were used for the 1991 census by the Office of Population Censuses and Surveys and are recommended by the Commission for Racial Equality. They do not refer to the place of birth, citizenship or nationality, but to the ethnic group to which you belong.

I hereby give my consent for the information contained in this form to be processed for monitoring purposes

<b>Signature:</b>		<b>Date:</b>	
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## PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

### 1. Personal Details:

Post applied for:		Department:	
Surname:		Forename(s):	
Date of Birth:		Telephone:	
Address:			
Name and address of GP:			

### 2. Occupational History:

Has your employment ever been terminated on the grounds of ill health?

Yes       No

Approximately how many days/weeks sickness absence did you have?

In the last twelve months:

### 3. Medical History:

What is your height:		What is your weight:	
What is your weekly consumption of alcohol:			
Do you smoke:			
Are you currently taking prescribed medicine:			
Are you currently under the care of a doctor or other medical professional:			

3.1 Are you currently suffering from or have suffered from any of the illnesses listed below:

Heart trouble  
 Yes  No

Lung disease  
 Yes  No

Stomach/bowel trouble  
 Yes  No

Jaundice/hepatitis  
 Yes  No

Joint Problems  
 Yes  No

Headaches/migraines  
 Yes  No

Diabetes  
 Yes  No

Allergies  
 Yes  No

Severe stress reaction  
 Yes  No

Serious accident  
 Yes  No

High blood pressure  
 Yes  No

Asthma  
 Yes  No

Hernia or rupture  
 Yes  No

Kidney/bladder disorder  
 Yes  No

Back/neck problems  
 Yes  No

Fits/blackouts/epilepsy  
 Yes  No

Depression/anxiety  
 Yes  No

Hearing/sight problems  
 Yes  No

Skin problems  
 Yes  No

Surgical operations  
 Yes  No

Mobility problems  
 Yes  No

3.2 If you drive on company business, have you or a close family member experienced one or both of the following:

Deep Vein Thrombosis  
 Yes  No

Blood clotting problems  
 Yes  No

If you have answered “yes” to any questions in section 2 or 3 – please give details and approximate dates where relevant. This is particularly important where you have a qualifying disability under the Disability Discrimination Act 1995, as it will enable us to identify what, if any “reasonable adjustments” can be made.

I hereby declare that the information given is full and true to the best of my knowledge. I understand that if, at a later date, it is discovered that I have knowingly withheld medical information, disciplinary action may be taken against me, which may include dismissal.

Signature:

Date: