



application for employment...

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

Surname		Forenames	
Title		Date of Birth	
Address			
Postcode		Private 📞	
		Mobile 📞	
		Email	
Nationality		How will you travel to work?	

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.

Do you have a full current driving licence?	YES / NO
Is it free of endorsements?	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

Do you smoke?		National Insurance No.	
----------------------	--	-------------------------------	--

Please give details of any special interests or hobbies.

Please give details of any special interests or hobbies.	
--	--

Have you previously worked for us?	YES/NO. If yes, when and in what capacity?
---	--

Do you have a contact or are you related to any person in the company, If so, please give details.

Do you have a contact or are you related to any person in the company, If so, please give details.
--

Employment

Position applied for		Pay expected	£	per
-----------------------------	--	---------------------	---	-----

If offered this position, will you continue to work in any other capacity?	YES / NO (If yes, please give details)
---	--

Would you work full time?	YES / NO
If your application is for part time employment, please state days/hours preferred.	

On what date would you be available to commence this employment?	
---	--

Education

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

Please give name & address of school / college / university where you attained your qualifications:

Continuing professional development

Please specify your training provider (ie BPP, Financial Training etc)

Please detail the exams passed to date

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:			
Describe the work undertaken:					
Reason for Leaving:					

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

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 LLP 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 LLP 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 LLP to process the information contained in this application form for recruitment and selection purposes.

Name (Block capitals)	
Date	
Signed	

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.

Name:		
Date of birth:		
Male / Female * (please delete as appropriate)		
Position applied for:		
Where did you see this job advertised?		
Do you have any disabilities?	Yes / No *(please delete as appropriate)	
How would you describe your ethnic origin? Please indicate one of the following categories:		
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

Signature:	Date:
-------------------	--------------

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?
<input type="checkbox"/> Yes <input type="checkbox"/> 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: