

# Application for Employment

Please complete this form fully and accurately in block capitals. If a question does not apply to you, insert N/A. If there is insufficient space for any of your answers, please use an additional sheet of paper. In this application form, we ask you to provide information about your health record and details of any unspent convictions, this is known as Sensitive Personal Data. Any Sensitive Personal Data provided by you on this form will be used by us solely for the recruitment and selection procedure. Please ensure that you sign the declaration at the end of the form to certify that all the information given is correct.

Application for the position of:	
How did you hear about the vacancy?	If you have been introduced by an existing member of staff, please state their name:
Preferred interview days/times:	

## PERSONAL DETAILS

Surname:	First Name(s):	Title:
Home Address:		Telephone numbers which we may use to contact you Work: Home: Mobile E-mail:
Date of Birth:	Do you have a valid Right to Work Document or appropriate work permit? Yes / No (Delete as appropriate)	

## SECONDARY EDUCATION

Schools Attended	Dates Attended		Qualifications / Grades Obtained <small>(Please indicate exams to be taken / predicted grades)</small>
	From	To	

**FURTHER EDUCATION**

Establishment Attended	Dates Attended		Qualifications / Grades Obtained <small>(Please indicate exams to be taken / predicted grades)</small>
	From	To	

**PROFESSIONAL QUALIFICATIONS**

Body / Organisation	Qualification	Date Attained	Membership Number

**TRAINING AND DEVELOPMENT**

Please detail internal/external courses which you have attended during the last 18 months.

Course Attended	Date Attended and Duration of Course

**ANTI-MONEY LAUNDERING TRAINING**

Please detail the most recent anti-money laundering training you have attended.

Date Attended	Duration of Course	Course Provider

**PROOF OF QUALIFICATIONS MAY BE REQUESTED**

**PRESENT OR MOST RECENT EMPLOYMENT**

Employer's Name:		
Employer's Address:		
Dates of Employment:	From:	To:
Job Title:	Final Salary:	Notice Period:
Brief description of duties:		
Reason for leaving:		

**PREVIOUS EMPLOYMENT**

From	To	Employer	Post	Brief description of duties

**STATEMENT IN SUPPORT OF YOUR APPLICATION**

Please use this section to state your reasons for applying for this post. Outline the skills and experience you have gained, either in paid work, unpaid/voluntary work, work at home, through your studies, through your leisure activities, which you think are relevant to the job for which you are applying, and which you believe makes you suitable for the post. Also include relevant achievements.

**REFERENCES**

Please give details of two referees, one of whom should be your present or most recent employer or course tutor, if currently a student.

1. Name: Address:	Telephone Number:
2. Name: Address:	Telephone Number:

REFERENCES WILL BE TAKEN UP ONCE A VERBAL OFFER HAS BEEN ACCEPTED

**SOCIAL INTERESTS**

Please detail any hobbies, interests or responsibilities that you have outside employment.

**CONFIDENTIAL PERSONAL INFORMATION**

<p>Do you currently have any unspent convictions?*</p> <p>If yes, please give details:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Have you been subject to any regulatory action or action taken against you by a professional body?</p> <p>If yes, please give details:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>When you attend interview, do you require any special facilities to allow you to do so?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Please state any medical condition that you may have which we, as your future employer, should be aware of.</p>	
<p>If in employment, how many days sick leave have you had in the last 12 months</p>	<p>_____ days</p>
<p>Please add any other personal information you consider relevant to your application</p>	

\* Please refer to the Rehabilitation of Offenders (Bailiwick of Guernsey) Law, 2002.

I confirm that all the information given in this application is correct to the best of my knowledge, that all the questions related to me have been accurately and fully answered and that I am in possession of the qualifications I claim to hold. I understand that any omission or falsification may be considered sufficient cause for rejection or, if employed, may render me liable for dismissal.

I further confirm that I understand that personal data relating to me will be held throughout the application process with the Praxis Group and if I am successful will be held within my personal file. If my application is unsuccessful, unless I request in writing that it be destroyed immediately, my personal data will be held on file for six months then destroyed. I also understand that my data will not be disclosed to a third party without my written consent.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Please return form to:**

Mrs Sharon Coburn, Associate Director Human Resources at the address shown below