

JOB APPLICATION FORM

1. Personal Details

Surname:	Telephone Number (Home):
Forename(s):	Telephone Number (Mobile):
Dr/Mr/Mrs/Ms/Miss:	
Address:	Email Address:
Postcode:	National Insurance Number:

2. Current Employment

Job Title:	Employer Name:
Salary:	Employer Address:
Date appointed:	Notice Period:

3. Job Details – Please provide details of the job for which you are applying:

Job Title:	Job Reference No:
Department:	Closing Date:
Please state where you saw the position advertised:	

4. Education, Training & Development

From	To	Name of Institution	Course details & Qualifications gained

5. Membership of Professional Organisations

Date Joined	Institute/Organisation	Grade of Membership (where appropriate)

6. Employment Record

Please list chronologically, starting with current or last employer. Please also account for any gaps in your employment history.

Name & Address of Employer	To	From	Job Title & Responsibilities	Reason for Leaving

7. Attendance Details

Please provide details of any sickness absence in the last two years.

Date(s) of Absence	Number of days	Reason (please do not provide any absences that relate to pregnancy or disability)

8. Job Requirements – Skills, experience & Qualifications

Please detail your suitability for this position under the relevant headings (refer to person specification and job description)

Skills and Abilities

Personal Qualities and Characteristics

Work Experience

9. References

Please give the details of two either professional or academic referees, one of which must be your current or most recent employer if applicable.

Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Telephone No:	Telephone No:
Email:	Email:
Nature of Relationship:	Nature of Relationship:

Please tick box if you do **not** wish references to be taken up at this stage

Please tick box to confirm that if your application is successful you consent to a basic Criminal Records Bureau being carried out

10. Verification of Information

I certify that the information contained in this application form is accurate and true. I give my consent to the processing, transfer and disclosure by Poole Alcock LLP of all information submitted by me during the recruitment process and throughout any subsequent periods of employment for pre-employment checks, equal opportunities monitoring, training and absence records (Data Protection Act 1988).

(NB: Deliberate falsification or withholding of information will lead to disciplinary proceedings and may result in dismissal).

If you return this form by email or on-line submission without a signature then you will be assumed to have accepted the above declaration:

Signed:

Dated:

Thank you for your application. This should be returned to Mrs Diane Powell, Practice Administrator, Poole Alcock LLP, 238-246 Edleston Road, Crewe, Cheshire, CW2 7EH or via email to recruitment@poolealcock.co.uk