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| *New branding logo* | Job Application Form |

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| 1. **Personal Details**
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| **Surname:** |  | **Forename(s):** |  |
| **Title:** | Dr/Mr/Mrs/Miss: | **Email:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone Number:** | Mobile: |  | Home: |  |
| **National Insurance Number:** |  |

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| 1. **Current Employment:**
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| **Job Title:** |  | **Salary:** |  |
| **Date Appointed:** |  | **Notice Period:** |  |
| **Employer Name:** |  | **Employer Address:** |  |

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| 1. **Details of vacancy you are applying for:**
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| **Job Title:** |  | **Job Reference No:** |  |
| **Department:** |  | **Closing Date:** |  |
| **Please state where you saw the position advertised:** |  |

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| 1. **Education, Training & Development**
 |  |
| **From:** | **To:** | **Name of Institution:** | **Course details & Qualifications gained** |
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| 1. **Membership of Professional Organisations**
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| **Date Joined:** | **Institute/Organisation** | **Grade of Membership (where appropriate)** |
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| 1. **Solicitors Only - Do you and have you always held a condition free Practicing Certificate?**
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| **Yes** |  |
|  |
| **No** |  |
|  |  |
| **SRA Number:** |  |

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| **If no, please provide details:** |  |
| 1. **Employment Record:**
 |  |
| **From:** | **To:** | **Name of Employer:** | **Job Tile & Responsibilities:** | **Reason for Leaving:** |
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| **9. Attendance Details (please provide details of any sickness 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)** |
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| **10. Please detail your suitability for this position under the relevant headings (refer to person specification/job description):**  |
| **Skills & Abilities:** |  |
| **Personal Qualities and Characteristics:** |  |
| **Work Experience:** |  |

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| **11. References (please provide details of either two professional or academic referees, one of which must be your current employer):** |
| **Name:** |  | **Name:** |  |
| **Position:** |  | **Position:** |  |
| **Company:** |  | **Company:** |  |
| **Address:** |  | **Address:** |  |
| **Telephone No:** |  | **Telephone No:** |  |
| **Email:** |  | **Email:** |  |
| **Nature of Relationship:** |  | **Nature of Relationship:** |  |

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| **12. Please tick this box if you do not wish references to be taken up at this stage** |  |

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| **13. Please tick this box to confirm that if your application is successful you consent to a Basic Disclosure Check being carried out**  |  |
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| **10. Verification 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 al 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 online 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, HR Manager, Poole Alcock LLP, The Dowery, 22 Barker Street, Nantwich, CW5 5TE or via email to** **careers@poolealcock.co.uk**