

CLARK THOMSON INSURANCE BROKERS LTD

APPLICATION FORM



POSITION APPLIED FOR:
BRANCH:

1. PERSONAL DETAILS

Surname:

Forenames (in full):

Address:

Date of Birth:

Postcode:

Telephone Number (inc. STD Code)
(work numbers will be used with discretion)

Home:
Work:

2. OTHER INFORMATION

Where did you see this job advertised?

What period of notice does your present employer require?

Do you have a current full driving licence ? FULL / PROVISIONAL

Have you any current endorsements?

If yes, please give details:

3. EMPLOYMENT HISTORY

Please ensure this section is completed in full. Although you can enclose a CV, this section must still be completed in full.

CURRENT/MOST RECENT EMPLOYMENT

(if you have been in your present position for less than 12 months, please give the same details for your previous position on a separate piece of paper)

Job Title:

Employer's Name & Address:

Nature of Business:

Start Date:

Finish Date:
(if applicable)

Notice Period Required:

Current Salary:

Bonuses:

Reason for Leaving:

Are you a member of a pension scheme?

YES/NO (delete as applicable)

If yes, is it

Contributory/Non Contributory
(delete as applicable)

PLEASE DESCRIBE YOUR MAIN RESPONSIBILITIES AND ACTIVITIES INDICATING YOUR MAJOR CONTRIBUTIONS TO THIS POSITION:

PREVIOUS EMPLOYMENT

Employers Name & Address Job Title Main Duties Start/Leaving Date

4. MEMBERSHIP OF PROFESSIONAL BODIES

Name Qualification/Grade Date of Membership

5. EDUCATION

Secondary School From To Subject Level Grade

College/University From To Course Main Subject Grade

Computer/Secretarial Skills

Please indicate below which systems you are proficient and/or certificates gained

Other Qualifications

Please indicate any other qualifications or training courses

6. SUPPORTING STATEMENT

Please state why you want this job and give details of your skills and experience which you feel are relevant to this job. If you have not worked previously or are a school/college leaver, please state why you consider yourself suitable for this appointment. Please attach a separate sheet if necessary.

7. GUARANTEED JOB INTERVIEW SCHEME FOR PEOPLE WITH DISABILITIES

If you have a disability and can offer the skills and experience we consider essential for the job, we will guarantee you an interview

Do you have a disability? YES/NO (delete as applicable)

Please describe disabilities and

- a) any reasonable adjustments which you feel should be made to the recruitment process to assist you in your application
- b) any reasonable adjustments which you feel should be made to the job itself which would enable you to carry out the job

8. REFERENCES

If you have worked, at least one of your references must be your current or most recent employer

1. Name

Occupation/Organisation
Address

Postcode
Telephone (inc. STD Code)
Relationship to Applicant

2. Name

Occupation/Organisation
Address

Postcode
Telephone (inc. STD Code)
Relationship to Applicant

Please tick the box if you do not wish your referees to be contacted without prior notification.

Referee 1

Referee 2

9. CRIMINAL CONVICTIONS

If you have been convicted of a criminal offence, or have a conviction pending, and have not yet completed a rehabilitation period please give details

10. HEALTH

Have you attended your Doctor or Hospital within the last three years? YES/NO

If yes, please provide details below:

DATE

DETAILS

Have you ever: YES/NO (if yes, please give details)

Received in-patient treatment for a physical or mental condition?

Been refused or dismissed from employment for health reasons?

Been refused a driver's license because of ill health?

11. ABSENCE RECORD

Please advise below the number of days you have been absent from work/education due to accident or illness during the last three years and indicate the reason.

12. WORK PERMITS

- a) are there any restrictions to your residence in the UK that might affect your right to take up employment?
YES/NO (delete as applicable)
- b) if you are successful in your application would you require a work permit to work in the UK?
YES/NO (delete as applicable)

DECLARATION

The details on this form are correct to the best of my knowledge and will form part of any contract of employment. I understand that any false statement may be sufficient cause for rejection, or, if employed, dismissal.

Signature

Date

Please return this application form to:

**HR Department
Clark Thomson Insurance Brokers Ltd
24 Whitefriars Street
Perth
PH1 1PP**



Clark Thomson Insurance Brokers Ltd
Head Office
24 Whitefriars Street
Perth
PH1 1PP
Tel : 01738 639777
www.clarkthomson.co.uk