

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE IN BLOCK CAPITALS

Position Applied for:

Location of Employment:

A. PERSONAL PARTICULARS

TITLE: Mr/Mrs/Miss/Ms	
FULL NAME:	
ADDRESS:	TELEPHONE NUMBER: (Including STD Code)
	HOME:
	BUSINESS:
	(Tick box if you do not want to be contacted at work)
	MOBILE:
	E-MAIL:
NEXT OF KIN:	TELEPHONE NUMBER (Including STD Code)
ADDRESS:	HOME:
	BUSINESS:

B. EDUCATION AND QUALIFICATIONS

SCHOOLING: Please give the Names of Schools attended since Age 11

NAME AND ADDRESS OF SCHOOL	TYPE OF SCHOOL	DATES

Qualifications: Please give details of examinations attempted and results (including any examinations failed)

EXAMINATION	SUBJECT	DATE	RESULT/GRADE

IT SKILLS: Please list any IT Qualifications. Which packages you have used.

QUALIFICATIONS/PACKAGES USED	DATES

FURTHER AND HIGHER EDUCATION: Please give details of all further education since leaving school, including training courses and details of qualifications. Please provide a copy of any certificates.

UNIVERSITY/COLLEGE/ INSTITUTE ATTENDED	DATES	SUBJECTS STUDIED/TYPE OF TRAINING	QUALIFICATIONS OBTAINED

PROFESSIONAL ASSOCIATIONS: Please state your professional qualifications and any membership of any technical or professional association.

DETAILS	DATES

FEE EARNING STAFF	
Number of CPD points in the current year (1st Nov – 31st Oct) and how they were obtained.	
Have any professional proceedings ever been taken against you or are any proceedings pending? YES/NO If YES please give details:	

NON-FEE EARNING STAFF	
Are you or have you ever been the subject of any complaint to or decision of the Solicitors Disciplinary Tribunal? YES/NO	
If YES please give details:	

FOREIGN LANGUAGES: Please list any foreign language you speak and your level of competence both oral and written:
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C. EMPLOYMENT HISTORY

Please list in reverse date order (most recent first) for the last 15 years.

NAME AND ADDRESS OF EMPLOYER	DATES	POSITION HELD/MAIN DUTIES	STARTING/ LEAVING SALARY	REASON FOR LEAVING

D. HEALTH

ARE YOU IN GOOD HEALTH?	YES/NO
PLEASE GIVE THE NUMBER OF WORKING DAYS LOST THROUGH SICKNESS IN THE LAST 24 MONTHS.	
NO. OF DAYS
ARE YOU PREPARED TO UNDERGO A MEDICAL EXAMINATION PRIOR TO EMPLOYMENT?	YES/NO

E. SUPPLEMENTARY INFORMATION

DO YOU HAVE A CURRENT FULL DRIVING LICENCE?	YES/NO
ARE YOU INSURED FOR BUSINESS USE?	YES/NO
DOES YOUR LICENCE HAVE ANY CURRENT ENDORSEMENTS?	YES/NO
IF YES, PLEASE GIVE FURTHER INFORMATION.	

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE: (which is not a spent conviction under the Rehabilitation of Offenders legislation)	YES/NO
IF YES, PLEASE GIVE FURTHER INFORMATION	

ARE YOU WILLING TO WORK OVERTIME IN THE EVENINGS AND/OR AT WEEKENDS WHEN REQUIRED?	YES/NO
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PRESENT SALARY?

SALARY RANGE EXPECTED?

WHERE DID YOU HEAR OF THIS VACANCY?

F. GENERAL

PLEASE GIVE DETAILS OF ANY EXPERIENCE, SKILLS OR ACHIEVEMENTS WHICH YOU FEEL MAY BE RELEVANT IN YOUR APPLICATION FOR EMPLOYMENT.

PLEASE LIST YOUR INTEREST, SPORTS, HOBBIES etc.

ARE YOU RELATED TO AN EMPLOYEE OF CHATTERTONS?

YES/NO

IF YES, PLEASE GIVE NAME AND RELATIONSHIP TO YOU.

G. AVAILABILITY

HOW MUCH NOTICE ARE YOU REQUIRED TO GIVE TO LEAVE YOUR PRESENT EMPLOYMENT?

PLEASE GIVE DETAILS OF HOLIDAYS ARRANGED.

<p>ARE YOU SUBJECT TO ANY RESTRAINTS ON YOUR CURRENT OR FUTURE EMPLOYMENT?</p> <p style="text-align: right;">YES/NO</p>
<p>IF YES, PLEASE GIVE FULL DETAILS</p>

H. REFERENCES

PLEASE GIVE THE NAMES AND ADDRESSES OF TWO REFEREES WHO ARE NOT RELATED TO YOU, WHO WE CAN APPROACH FOR A CONFIDENTIAL ASSESSMENT OF YOUR SUITABILITY.

NOTE: ONE OF THESE MUST NORMALLY BE A PREVIOUS EMPLOYER

<p>Name:</p> <p>Address:</p> <p>.....</p> <p>Telephone No: Occupation/Position:</p>
<p>Name:</p> <p>Address:</p> <p>.....</p> <p>Telephone No: Occupation/Position:</p>

PLEASE CONFIRM THAT WE MAY APPROACH YOUR PRESENT/MOST RECENT EMPLOYER FOR A CONFIDENTIAL ASSESSMENT OF YOUR SUITABILITY FOR EMPLOYMENT **YES/NO**

(Tick in box if you do not wish your employer to be contacted before an offer of employment is made).

Data Protection Statement

Chattertons will process the personal information provided by you in the application form, and any other personal information provided by you now or in the future, in accordance with the Data Protection Act 1998, to assist us in considering your application for employment and, if you become an employee, for purposes relating to your employment.

For selection purposes, your personal information will be considered by our HR department and, where appropriate, a Partner of the Firm. However, none of the sensitive information, e.g. health or ethnicity, will be provided to the Partner during the selection process (except where necessary to enable us to make arrangements for you to attend interviews). Any appointment will be subject to references.

Should your application for employment be unsuccessful your personal information will be held in our HR department for approximately 6 months. After this period your application form and any associated documents will be disposed of in a confidential and responsible manner.

If your application is successful, all of your personal information (including sensitive information) provided on your application form, and any information provided by you now or in the future, may form part of your personal file and may be held on our HR database. Your personal information will be processed to assist in the service and administration of Chattertons' employment practices, e.g. payroll, pension, professional development reviews, equal opportunities, diversity and other monitoring. Your line manager may also have access to your personal information to assist in line management duties, e.g. Appraisals.

Should you leave Chattertons' employment, your personal information will be retained for a reasonable period of time in line with HR practice, including the purposes of providing references and dealing with queries in connection with your employment.

Declaration

I declare that to the best of my knowledge and belief all the statements and information given in this form are true and complete, and that I have not withheld any material fact. I understand that any appointment will be made on the basis that the information given on this form is true and correct. I understand that if I failed to disclose any information, or have given incorrect information this may result in an offer of appointment being withdrawn, or in disciplinary action or dismissal at a later date.

I consent to Chattertons obtaining information or references from any present or previous employers, or any other company or institution which Chattertons considers appropriate. I also consent to those previous employers releasing information about my sickness absence while in their employment for the purposes of those references.

I have read and understood the Data Protection statement and consent to Chattertons processing my personal information as described in that section.

Name

Signature

Date