

APPLICATION FOR EMPLOYMENT

PRIVATE AND CONFIDENTIAL

NUMBER OF HOURS:

F/TIME P/TIME SAT

CURRENT SALARY/
HOURLY RATE:

DATE AVAILABLE
TO START:

WORKING HOURS
FLEXIBILITY:

AM PM
EVENINGS WEEKENDS
ANYTIME

NOTE: _____

POSITION APPLIED FOR:

WHERE DID YOU HEAR ABOUT THE VACANCY?

PERSONAL DETAILS

TITLE: _____

FIRST NAME: _____

SURNAME: _____

ADDRESS: _____

PARISH: _____ POSTCODE: _____

HOME NO: _____ MOBILE NO: _____

EMAIL ADDRESS: _____

RESIDENTIAL STATUS ENTITLED (10 YEARS+) LICENSED ENTITLED TO WORK (5-10 YEARS) REGISTERED (LESS THAN 5 YEARS)

SOCIAL SECURITY NUMBER: _____

DO YOU REQUIRE A VISA YES NO

EDUCATION

	NAME AND ADDRESS	QUALIFICATIONS PASSED/GAINED
SCHOOL		
UNIVERSITY/ COLLEGE/ FURTHER EDUCATION		

CAREER DETAILS TO DATE
PLEASE START WITH PRESENT / MOST RECENT EMPLOYMENT

FROM	TO	COMPANY NAME AND ADDRESS	POSITION HELD	MAIN DUTIES AND RESPONSIBILITIES	REASON FOR LEAVING	SALARY

TRAINING

PLEASE GIVE DETAILS OF TRAINING YOU HAVE UNDERTAKEN DURING THE COURSE OF YOUR CAREER, WHICH WOULD BE RELEVANT TO THE POSITION APPLIED FOR:

PROFESSIONAL QUALIFICATIONS AND MEMBERSHIP DETAILS:

INTERESTS AND ACTIVITIES (INCLUDING POSITION(S) OF RESPONSIBILITY):

QUALITIES AND EXPERIENCE YOU BELIEVE QUALIFY YOU FOR THE POSITION:

ADDITIONAL INFORMATION

WHAT PERIOD OF NOTICE DOES YOUR EMPLOYER REQUIRE?

PLEASE GIVE DETAILS OF ANY PRE-BOOKED HOLIDAYS:

PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL THE COMPANY SHOULD BE MADE AWARE OF?

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REFERENCES

PLEASE GIVE DETAILS OF TWO INDIVIDUALS, PREFERABLY OF TWO EMPLOYERS (ONE OF WHOM MUST BE FROM YOUR CURRENT OR LAST EMPLOYMENT), WHO MAY BE CONTACTED PRIOR TO A JOB OFFER BEING CONFIRMED. IF THIS IS YOUR FIRST JOB, THEN PLEASE GIVE THE NAME OF YOUR SCHOOL AND OR WORK EXPERIENCE PLACEMENT(S).

TITLE:

TITLE:

NAME:

NAME:

ADDRESS:

ADDRESS:

TELEPHONE:

TELEPHONE:

YOUR RELATIONSHIP:

YOUR RELATIONSHIP:

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENCE WHICH IS NOT YET SPENT AS SET OUT IN THE REHABILITATION OF OFFENDERS (JERSEY) LAW 2001?

YES NO

IF YES, PLEASE PROVIDE FURTHER DETAILS:

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IF YOU HAVE A DISABILITY PLEASE PROVIDE FURTHER DETAILS. THIS WILL ENABLE US TO MAKE ANY REASONABLE ADJUSTMENTS IF NECESSARY.

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THE DATA PROTECTION (JERSEY) LAW 2005 PROTECTS YOUR PERSONAL INFORMATION AGAINST UNAUTHORISED USE OR DISCLOSURE. THE INFORMATION IN THIS WILL BE USED SOLELY FOR THE PURPOSE OF YOUR APPLICATION. BY SIGNING THIS FORM YOU ARE CONSENTING TO THE USE OF YOUR PERSONAL INFORMATION FOR THE PURPOSE OF YOUR APPLICATION IN LINE WITH YOUR RIGHTS UNDER THE DATA PROTECTION (JERSEY) LAW 2005.

PLEASE ENSURE THAT ALL SECTIONS HAVE BEEN COMPLETED FULLY AND YOUR APPLICATION FORM IS SIGNED AND DATED.

THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE INFORMATION GIVEN COULD LEAD TO MY DISMISSAL IF I AM EMPLOYED BY THE COMPANY.

SIGNED:

DATE:

RETURN ADDRESS: HUMAN RESOURCES, A. de GRUCHY & CO. LTD, P.O. BOX 18, 46/52 KING STREET, ST. HELIER, JE4 8NN, JERSEY, CHANNEL ISLANDS OR ALTERNATIVELY DELIVER INTO STORE TO THE ACCOUNTS DEPARTMENT ON THE FIRST FLOOR.