

Post Applied for:		Permanent	Temporary

MIS Job Application Form

Please complete this form fully using **black ink or Type**. C.V.s will not be accepted as a substitute for this application form but may be submitted in conjunction with this form.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal Details
Last Name: First Name:
Address:
Postcode:
Home Telephone No:
Daytime Telephone No:
Mobile Telephone No:
E-mail Address:
Can we contact you at work? Yes No
National Insurance No:
Are you free to remain and take up employment in the UK with no current immigration restrictions?
Driving License – Do you hold a full, clean driving License valid in the UK?

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

Section 2 Present Employment

 $\label{eq:present_employment} \ensuremath{\text{Present}}\xspace \ensuremath{\text{Employment}}\xspace (If now unemployed please give details of last employer or if this would be your first job please put N/A)$

Name of Employer:				
Address:				
Postcode:				
Post Title:				
Date of Appointment:	Salary:			
Department / Section:				
Brief description of dutie	es:			
Continue on a separate s	boot if pocossany			
Continue on a separate s				
Period of Notice:	Last day of service (if no longer employed):			
Reason for leaving (If no longer employed):				
Was disciplinary action taken or considered against you during this period of employment?				
If yes, please give date(s) and reason(s) for action.				

Section 3 Previous Employment

Previous Employment Please provide details of your last **3** jobs (If applicable and starting with the most recent employer first). Please state the nature of the business. If you have had more please attach a sheet to this application outlining your employment history.

1) Name of Employer:	
Address:	Destas la
	Postcode:
Position Held:	
Employed From	Leaving Date
Summary of Duties:	
Reason for Leaving:	
Was disciplinary action ta	aken or considered against you during this period of employment?
If yes, please give date(s)	and reason(s) for action.
2) Name of Employer:	
Address:	
	Postcode:
Position Held:	
L	
Employed From	Leaving Date
Summary of Duties:	

Reason for Leaving:						
Was disciplinary action taken or considered against you during this period of employment?						
	Yes No					
If yes, please give date(s	s) and reason(s) for action.					

3) Name of Employer:				
Address: Postcode:				
Position Held:				
Employed From Leaving Date				
Summary of Duties:				
Reason for Leaving:				
Was disciplinary action taken or considered against you during this period of employment?				
f yes, please give date(s) and reason(s) for action.				

Section 4 Education

Qualifications obtained from schools, colleges and Universities. Please list the highest qualifications first:

College or University	Course	Qualifications and grades obtained.
School	Subjects	Qualifications and
		grades obtained
Contin	ue on a separate sheet if ne	cessary

Professional, Technical or Management Qualifications

Please give details if applicable:

Professional, Technical or	Management Qualifications
Membership of any Professional/Technie Membership:	cal Associations – Please state level of
	ate sheet if necessary

Section 5 Training & Development

Please give details of any training and development courses or non-qualification courses, which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course			
Continue on a separate sheet if necessary				

Section 6 **Personal Statement**

Abilities, skills, knowledge and experience. Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary / unpaid activities, please also include this information. Attach and label any additional sheets used.

Continue on a separate sheet if necessary

Section 7 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the Rehabilitation of Offenders Act 1974?	Yes	No)		
If yes, please give details / dates of offences(s) and sente	ence:				

Section 8 Disability Discrimination Act

This Act protects people with disabilities from Unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment, which has a substantial and adverse long-term effect on his or her ability to carry out normal day-to-day activities.

Do you have a disability, which is relevant to your application?

Yes		No
-----	--	----

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in	
order for you to attend the interview?	

Yes	No	

If yes, please give details:

Section 9 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Referee 1		Referee 2	
Name:		Name:	
Position (Job Title):		Position (Job Title):	
Work Relationship:		Work Relationship:	
Organisation		Organisation:	
Address:		Address:	
	Postcode		Postcode
Telephone No:		Telephone No:	

Referees will not be contacted until after your interview and you have been offered the position. Job offer's are subject to satisfactory references. MIS retains the rights to withdraw a job offer if satisfactory job references are not received.

Section 10 Job Vacancy Advertisement

Please advise us how you heard about this vacancy (Please tick the most accurate statement):

Recruitment Agency	
Word of Mouth	
Company Advertisement	

Section 11 Declaration

A) Other Interests

If appointed, do you have any outside interests that may conflict with employment by MIS Claims Ltd, in the role for which you have applied?			
	Yes	No	
If yes, please provide details on a separate sheet.			
Are you related to an existing employee of MIS Claims Ltd?			
	Yes	No	
If yes, please give the name of the employee and how you are related.			

B) Statement to be signed by the Applicant

I hereby certify that:

- All information given by me on this form is correct to the best of my knowledge
- All questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold
- I understand that any false information given may be grounds for withdrawing any offer of appointment I receive

Please Note: MIS Claims Ltd does not bind itself to appoint any applicant.

Signature:

Please	Print	Name:	

Date:

•		

MIS Claims Ltd undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.

Equal Opportunities Statement

MIS Claims Ltd is an equal opportunities employer and tries to ensure that all job applicants are treated fairly and appointed only on the basis of their suitability for the job. It also seeks to ensure that no applicant receives less favourable treatment on the grounds of religious or political opinion, race, colour, nationality or national origins, age, marital status, sex, sexual orientation, disability or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

We welcome applications from all suitably qualified persons. However, as Roman Catholics are currently under-represented in our workforce, we would particularly welcome applications from Roman Catholics.

