



SAFEGUARD INSURANCE APPLICATION FORM

Position Applied For			
Surname		Forename (s)	
			Mr/Mrs/Ms/Miss
Address			
Postcode			
Telephone Number		Work Tel:	
Mobile		Email	
Date of Birth		Age:	

Are you a permanent resident in the UK or the EU? Yes/No

If no, do you have a valid work permit to work within the UK? Yes/No

Do you currently hold a full, clean driving licence? Yes/No

If currently in employment, what period of notice would you have to give? _____ wks

Education & Training

Please give details of schools/colleges if attended and relevant training courses you have attended. We may request copies of these qualifications. (Please continue on a separate page if required)

Dates From & To	Name & Address	Exam Results & Qualifications

Your Non-academic Achievements & Leisure Interests

Career Summary

Please give details of all employment since leaving the education system, starting with your current/most recent employer. If you have ever been dismissed from an employer, indicate which employer and give reasons for the dismissal. Your present employer will not be contacted unless you are offered employment with us. (Please continue on a separate page if required)

Started (Date)		Finished (Date)	
Starting Salary:		Finishing/Present Salary:	
Name, Address & Tel. No of Employer:			
Nature of Business		No. of days absent	
Position		Reporting To:	
Your Responsibilities & Duties:			
Your Reasons for leaving:			
Started (Date)		Finished (Date)	
Starting Salary:		Finishing/Present Salary:	
Name, Address & Tel. No of Employer:			
Nature of Business		No. of days absent	
Position		Reporting To:	
Your Responsibilities & Duties:			
Your Reasons for leaving:			
Started (Date)		Finished (Date)	
Starting Salary:		Finishing/Present Salary:	
Name, Address & Tel. No of Employer:			
Nature of Business		No. of days absent	
Position		Reporting To:	
Your Responsibilities & Duties:			
Your Reasons for leaving:			
Brief details of any other employment not mentioned: (please continue on reverse if required)			



Has any disciplinary action been taken against you throughout your employment history:	Yes/No (if yes, please provide details)
If previously employed in insurance, has any professional indemnity claim been made against you:	Yes/No (if yes, please provide details)
Are you a smoker:	Yes/No
Please give details of any criminal convictions: (NB you are required to give details of any convictions that are not 'spent' as defined by the Rehabilitation of Offenders Act 1974)	
Number of sickness absences in the past 18 months	
Please state reason for each absence, including time periods for each:	
Please give details of any holidays already booked (for administrative use only):	

Skills

[1 – Excellent / 2 – good / 3 – average / 4 – inexperienced / 5 – no experience]

MISYS		House Insurance	
Microsoft Word		Car Insurance	
Microsoft Excel		Bike Insurance	
Microsoft Access		Commercial Vehicle/HGV Insurance	
Microsoft PowerPoint		Fleet Insurance	
Microsoft Outlook		Public Liability Insurance	
Sales		Business Insurance	
Motor Trade Insurance			
Other Insurance Computer Systems	(Specify them)		

REFERENCES

Please give details of two people who would be willing to act as referee. These must be persons who have known you for at least three years, preferably in a professional capacity. (one must be your current or last employer)

First Referee			
Name			
Occupation & Position Held			
Contact Details – <u>Address &</u> <u>Telephone number</u>			
Relationship:		How long known:	

Second Referee			
Name			
Occupation & Position Held			
Contact Details – <u>Address &</u> <u>Telephone number</u>			
Relationship:		How long known:	

Please give any other details you consider relevant to your application, for example, include details of any further training or development you have recently undertaken:

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Equal Opportunities Monitoring

Safeguard Insurance is committed to Equal Opportunities in Employment and, as part of this policy, all applicants are asked to complete the details requested. The information will be used only for the purposes of monitoring our policies and procedures.

White	British	
	Irish	
	Any other White Background (Please specify)	
Asian or Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Any other Asian Background	
Mixed	White & Black Caribbean	
	White & Black African	
	White & Asian	
	Any other Mixed Background (Please specify)	
Black or Black British	Caribbean	
	African	
	Any Other Black Background (please specify)	
Chinese or other ethnic Group	Chinese	
	Any other Ethnicity (please specify)	
Country of Birth		
My Sex is	Male/Female	
Sexual Orientation	Hetrosexual / Homosexual / Bisexual	
Do you consider yourself to have a disability	Yes/No	If yes, please provide details
Are you registered disabled	Yes/No	If yes, please provide details

**Thank you for taking the time to fill in this form.
Please be advised all information disclosed will remain strictly private and confidential**

Declaration

I declare that the information enclosed are accurate and true. I understand that any false or misleading statements may result in the refusal or termination of employment by the company. In all cases, continued employment is subject to references being obtained which are satisfactory to the Company and copies of all qualifications obtained.

Signed		Date	
Print Name			

