

# APPLICATION FORM: EXPERIENCED



Position Applied For:			
Surname:		Forename(s):	
Address:			
Telephone Number:	Work Tel:	Mobile:	
Email:			Postcode:

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

If Yes, please supply details of any work permits currently held and confirm Reference number, Validity and expiry date.

Under the immigration, Asylum and National Act 2006 we have an obligation to make basic documentation checks on every person we intend to employ. We therefore require you to make a number of original documents available, for example your passport. You will be asked to provide these documents prior to commencing employment. Copies will be retained on your personal file.

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

Do you have any points on your licence?                                      Yes              No

If Yes, please give full details and dates of relevant endorsements and /or convictions.

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

## 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:

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:

## 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:			
Position:		Reporting to:	
Your Responsibilities & Duties:			
Bonus or Benefits:			
Your Reasons for Leaving:			

Started (Date):		Finished (Date):	
Starting Salary:		Finishing / Present Salary:	
Name, Address & Tel. No of Employer:			
Nature of Business:			
Position:		Reporting to:	
Your Responsibilities & Duties:			
Bonus or Benefits:			
Your Reasons for Leaving:			

Started (Date):		Finished (Date):	
Starting Salary:		Finishing / Present Salary:	
Name, Address & Tel. No of Employer:			
Nature of Business:			
Position:		Reporting to:	
Your Responsibilities & Duties:			
Bonus or Benefits:			
Your Reasons for Leaving:			

Brief details of any other employment not mentioned (Please continue on a separate page if required):

Has any disciplinary action been taken against you throughout your employment history:	
If previously employed in insurance, has any professional indemnity claim been made against you:	
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)	
Please give details of any holidays already booked (for administrative use only):	

## SKILLS

1 - Excellent. 2 - good. 3 - average. 4 - inexperienced. 5 - no experience.

Open GI:		Micro Business Insurance:	
Acturis:		SME Business Insurance:	
Other Insurance Computer Systems:		Corporate Business Insurance:	
		Marine Transit Insurance:	
Microsoft Word:		Marine Cargo Insurance:	
Microsoft Excel:		Marine Trade:	
Microsoft Access:		Property Owners:	
Microsoft Powerpoint:		House Insurance:	
Microsoft Outlook:		Car Insurance:	
Sales:		Bike Insurance:	
Motor Trade Insurance:		Professional Indemnity, Directors & Officers and Cyber Liability: Please specify experience:	
Commercial Vehicle/HGV Insurance:			
Fleet Insurance:			
Public Liability Insurance:			
Business Insurance:			

## 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).

<b>FIRST REFEREE</b>	
Name:	
Occupation and position held:	
Contact Details - Address & Tel Number	
Relationship:	
How long known:	
<b>SECOND REFEREE</b>	
Name:	
Occupation and position held:	
Contact Details - Address & Tel Number	
Relationship:	
How long known:	

## DECLARATION

**Please read this declaration carefully before signing.**

I certify that the information on this application form is true and correct to the best of my knowledge and I understand the giving of false or misleading information may result in dismissal. By signing the declaration below I authorise Safeguard Insurance Services Limited and its agents/advisors to carry out all enquiries which [company name] deems necessary to verify the information I have given on this form (including but not limited to obtaining employment references and making enquiries with schools, colleges, universities or other educational establishments where any qualification is stated to have been gained).

I also authorise enquiries and checks to be made of my creditworthiness and for criminal records checks to be carried out where deemed applicable by Safeguard Insurance Services Limited. I confirm that the company may undertake a credit check on me before confirming any offer of employment and I understand that any offer is subject to the credit check being considered suitable by the company.

Note: References will be used to verify information provided on a candidate's CV and this application form and also to obtain other information regarding an applicant's suitability for the post. Any discrepancies identified will be raised with the candidate prior to taking any action.

Should you be successful with this application we will retain this form on your personnel file for the duration of your employment with the company and for a period of 6 years after leaving our employment. Should you be unsuccessful with this application this document will be destroyed by the company after 12 months of our notification to you. Should we wish to retain it after this period we will contact you for your written permission.

Signed:

Date:

*Deliberately different thinking*