



Application Form

Name: _____

Date: _____

Position(s) applied for (please tick at least one option)

Administration	<input type="checkbox"/>
Customer Services	<input type="checkbox"/>
I.T.	<input type="checkbox"/>
Renewals	<input type="checkbox"/>
Sales	<input type="checkbox"/>

Preferred hours (please tick one option)

Full time	<input type="checkbox"/>
Part time	<input type="checkbox"/>

Premises applied for (please tick at least one option)

East Winch	<input type="checkbox"/>
North Lynn	<input type="checkbox"/>

Please complete the form as fully as possible using BLACK ink and BLOCK CAPITALS.

Please return to Donna Desborough at Adrian Flux Insurance Services, East Winch Hall, East Winch, King's Lynn, Norfolk, PE32 1HN or alternatively via email to jobs@adrianflux.co.uk

Personal Details

Name (inc. title)

Address

..... Postcode

(If you have lived at your current address for less than 3 years please provide first line of address and postcode of previous address)

.....

Home telephone Mobile

Email address

National Insurance Number

Do you require any reasonable adjustments due to a disability or health condition to enable you to attend an interview or, which you wish us to take into account when considering your application? Yes/No

If yes, please specify the arrangements which you would like to be made available if you are called for an interview (any information given will be treated in confidence and will not form the basis of any decision).

.....

How many days notice does your current employer require?

Are there any restrictions in your current contract of employment, which would prevent you from taking up a position with Adrian Flux Insurance? Yes/No

Do you have a current driving licence? Yes/No

Are you eligible for employment in the UK? Yes/No

How did you find out about this job? Yes/No

Newspaper Yes/No

Radio Yes/No

Website (specify what led you to our website below) Yes/No

Facebook Yes/No

Indeed Yes/No

Monster Yes/No

Recommended (specify name below) Yes/No

Other (please specify below) Yes/No

.....

Are you related to or do you know any person employed by Adrian Flux Insurance? If yes, please specify their name. Yes/No

.....

Have you previously been interviewed for a position at Adrian Flux Insurance? Yes/No

Approximate date:

Present/Most Recent Employment

Your current job title

Your current salary

Name of Employer

Address

.....

.....

Postcode

Start Date Leaving date

Reason for Leaving

Please describe the main activities of your present job (or most recent if you are currently not working):

Previous Employment

Name & address of Employer	Position held and main duties	From	To	Reason for leaving	Salary

Education and Training

Name & address of School/College/University (from age 11) and any training courses attended	Dates	Qualification and/or Grade

About you

Please use this space to tell us about why you feel you would be the best person for this job. Please use additional paper if necessary and make sure your name is on any extra sheets.

Describe a situation where you have worked as part of a team to achieve something.

Describe an achievement that you are proud of and tell us why. What did you find challenging?

Previous Convictions

Have you ever received any cautions (including conditional cautions), been convicted by a court of any offence, been reprimanded or given a final written warning which is not yet 'spent' under the Rehabilitation of Offenders Act 1974? **Yes/No**

If yes, please give details of all convictions/or court cautions in a sealed envelope and attach this to your form including the date, court, nature of offence and (in the case of a conviction) the sentence you received.

Should you require it, further information on the Rehabilitation of Offenders Act can be found on;

www.justice.gov.uk/guidance/rehabilitation-of-offenders-act.htm

Please note:

Applications from (ex) offenders will be considered on their own merit and only relevant convictions will be taken into account.

References

Please give the name and addresses of two people, not related to you, so that references may be obtained. One of these must be your current or most recent employer. References from your employer will not be collected unless an offer of employment with Adrian Flux Insurance Group has been made and accepted by you.

Present/most recent employer

Name	
Email Address	
Address	
Telephone number	

Character reference

Name	
Email Address	
Address	
Telephone number	

Declaration

I declare that the information given on this form is to the best of my knowledge, correct, true and accurate and I have not omitted any facts which may have any bearing on my application. I understand that falsification of any qualification or any other information may lead to the withdrawal of any offer of employment or, dismissal where employment has already commenced.

By signing this form I agree to Adrian Flux Insurance using this information to consult with any third parties or external organisations for the purposes of confirming and/or clarifying that information.

By signing this application I give my consent to the company carrying out various checks, including but not limited to identity checks, credit checks and basic criminality checks. (These checks will only be carried out after an interview has taken place)

You confirm by returning this form you have given permission to Adrian Flux Insurance to process and hold the information you supplied on it, including any information you consider personal and sensitive. If your application is unsuccessful then, this form will be held for up to twelve months and then destroyed. If your application is successful then, it will normally be kept with your personal file.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by law.

Signature

Date