

## Candidate / Employee details

*Private & Confidential*

*Please complete in BLOCK CAPITALS \* Delete as appropriate*

Personal	
Surname:	Forenames:
Title: Mr/Miss/Mrs/Ms	Home & mobile no.
Address:	Business no. (if convenient)
	Date of birth:
	Place of birth:
	Nationality:
Marital Status:	Housing status? (Please state category)
	Have you been continuously resident in the Channel Islands for more than 5 years?
Maiden Name (if applicable):	Yes/No
	If not, when did you arrive in the Island?)

Education and qualifications		
Schools	From	To Examinations Taken – Results - Grades
College/University	From	To Examinations Taken – Results - Grades
Technical, professional, occupational or commercial training/courses etc and dates completed		
Membership of professional bodies and dates achieved	Languages (indicate fluency 1 = very basic and 5 = fluent)	

Employment History		
Present or last employer		Job title and brief description of duties
From	To	Reason for leaving:
Final base salary £		
Please list benefits:		
Previous employer		Job title:
From	To	Reason for leaving:
Previous employer		Job title:
From	To	Reason for leaving:

## Additional Information

Are you in good health?      Yes/No

How many days sickness absence have you had in the last two years?

Do you have any convictions, which under the terms of the Rehabilitation of Offenders (Jersey) Law 2001 are not considered "spent"?      If yes, please give details:

Please state briefly why you have applied for this post, indicating past achievements, experience and personal qualities relevant to your application and what contribution you would expect to make to the post.

Please indicate your main interests and leisure pursuits.

**ONLY COMPLETE THE REST OF THIS FORM WHEN ACCEPTING AN OFFER**

## Family Details

Name of next of kin:

Relationship:

Telephone number:

Address:

If married/co-habiting, please complete the following:

Name of spouse/partner:

Date of birth

Have you any dependent children?

Name (s):

Date(s) of birth:

Social Security Card number and colour:

ITIS reference number and %age rate:

Bank / Building Society (name and address):

Account name:

Account number:

Sort code:

Doctors name:

Surgery:  
(Name & telephone no.)

## References

Present/last employer from whom we may request a reference on **receipt of this form/after this date:** *(please delete as appropriate and/or add the date)*

**Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Position held: \_\_\_\_\_

Employed from/to: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Position held: \_\_\_\_\_

Employed from/to: \_\_\_\_\_

If you do not have two employer referees please give details of a person who has known you for longer than two years who would furnish us with a character reference (not a relation). You may contact this referee **on receipt of this form/after this date:**

*(please delete as appropriate and/or add the date)*

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Length known: \_\_\_\_\_

Please detail any other information you feel may be useful:

I confirm that the above information is correct to the best of my knowledge. I consent to the Company processing by means of a computer database or otherwise, any information that I provide them, for the purpose of employment by the firm.

Signature \_\_\_\_\_ Date \_\_\_\_\_

All offers of employment are made subject to the receipt of references, which are deemed to be acceptable by the Company. All information provided is treated in compliance with the Data Protection (Jersey) Law 1987 for the purpose of Recruitment and Selection and is held in the strictest confidence. The information requested from you is collected by the Company for the purposes of recruitment and employment. None of your personal details will be disclosed to any third party without your prior consent.