

APPLICATION FORM

Name:

Post applied for:

Trainee Solicitor

At which office:

Lichfield/Cannock

When completed, this form should be returned
if possible by email to
vwhittaker@ansonssolicitors.com

Ansons Solicitors Limited
Commerce House
Ridings Park
Eastern Way
Cannock Staffordshire
WS11 7FJ

PLEASE USE BLOCK CAPITALS

Personal details:

Surname		First names	
Mr/Mrs/Miss/Ms /Other	Previous names		Marital status
Address Post code:	Phone numbers Home:		Date of birth
	Business:		NI number
	Mobile:		Ethnic Origin <i>Optional</i>
Email address: PLEASE NOTE THIS IS OUR PREFERRED MEANS OF CONTACT AND WILL BE USED IN RESPONSE TO ALL APPLICATIONS RECEIVED			

Present appointment:

Present employer	Position held
	Present basic salary
Hours of employment	If appointed, when could you commence with us?

Eligibility for employment:

Are you eligible for employment in the UK?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have proof of eligibility to work in the UK?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you require a Work Permit to work in the UK?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there any restrictions (restrictive covenants) from your current / previous employer which will affect your ability to work in the company?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes please provide copies.		

Note: To comply with The Asylum & Immigration Act 1996, if you are invited to attend an interview, you must bring evidence of your eligibility to work in the UK, preferably a document which includes your National Insurance Number, such as a P45, P46, P60 or a pay slip. No offer of employment will be made unless such evidence has been produced.

Details of education and training:

School, colleges, university etc attended since 11 (earliest first).	Dates attended	Examinations (include those to be taken)	Pass/fail (including grade)	Date of examinations
Schools				
University/college/other				

Further qualifications, including membership of any professional organisations (including membership of any panels, etc). Attach further sheets if necessary. Tick if further sheets attached:

Employment experience:

(start with the earliest position first, and include your present post; say whether part or full time).

Dates		Employer's name and address	Position held	Reasons for leaving
From	To			

Leisure and other interests:

(you may continue on another sheet if you wish) Tick here if further sheets enclosed:

Why should we employ you:

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References:

Please provide the names and addresses of two people to whom we may make reference prior to any interview. It would be preferred if one of these could be your present employer (if appropriate).	
1 Name and address:	2 Name and address:
Telephone	Telephone

If you have previously applied for a position with this firm, please provide details, including the date, the position applied for, which office the application was made to, and whether you were interviewed.

Is your ability to attend and interview or perform part of the particular job for which you are applying limited in any way?

If so, how can we assist you in overcoming this?

Please complete Pre-employment Medical Questionnaire as attached

Please also complete Equal Opportunities Monitoring form attached - ***all questions on this form are optional***

Applicants Declaration:

Data Protection Act 1998 (to be read and signed by the employee)

The company needs to collect and use certain types of information about employees, in order to operate its business and to fulfil its legal obligations under the Data Protection Act 1998. Information supplied on this form may be held by the company and enquiries made in processing your application may include reference to personal data held on The Criminal Records Bureau.

I consent to the company holding this information on file, for as long as it considers necessary, to fulfil the purpose for which it was obtained and to process it in accordance with the requirements of the Act or other procedures implemented by the company for this purpose from time to time.

I confirm details in this application are correct and complete. I understand that canvassing or giving false information would disqualify my application, or if discovered after appointment may be regarded as grounds for dismissal.

I also understand that appointment will be subject to satisfactory medical clearance, security clearance and references.

Signed:..... Dated:.....

Where did you see this application advertised?

Equal Opportunities Monitoring

We are committed to ensuring that all job applicants and members of staff are treated equally, without discrimination because of gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age. This form is intended to help us maintain equal opportunities best practice and identify barriers to workforce equality and diversity.

Please complete this form and return it with your application. The form will be separated from your application on receipt. The information on this form will be used for monitoring purposes only and will play no part in the recruitment process.

All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence. It will not be placed on your personnel file.

Thank you for your assistance.

ABOUT THE VACANCY

Please state which job you have applied for and the closing date given for applications.

Job applied for:

Closing date for applications:

GENDER

What is your gender (please tick)?

Male
Female
Prefer not to say

(If you are undergoing gender reassignment, please use the gender identity you intend to acquire.)

GENDER IDENTITY

Do you identify as transgender/transsexual?

Yes
No
Prefer not to say

ETHNIC GROUP

How would you describe your nationality and/or ethnicity (please tick)?

A White:	B Mixed race:	C Asian or Asian British:			
British - English, Scottish or Welsh	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Other White background	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
		Other Mixed background	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>
D Black or Black British:	E Chinese and other groups:				
Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
African	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>		
Other Black background	<input type="checkbox"/>				

AGE

What is your age (please tick)?

16–17	<input type="checkbox"/>	18–21	<input type="checkbox"/>	22–30	<input type="checkbox"/>	31–40	<input type="checkbox"/>	41–50	<input type="checkbox"/>
51–60	<input type="checkbox"/>	61–65	<input type="checkbox"/>	66–70	<input type="checkbox"/>	71+	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

SEXUAL ORIENTATION

How would you describe your sexual orientation (please tick)?

Heterosexual / straight	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	Gay woman / lesbian	<input type="checkbox"/>		

If you are lesbian, gay or bisexual, are you open about your sexual orientation?

	Yes	Partially	No
At home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With your manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At work generally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RELIGION OR BELIEF

Please describe your religion or other strongly-held belief.

- I would describe my religion or belief as:
- I have no particular religion or belief
- Prefer not to say

DISABILITY

Do you consider that you have a disability under the Equality Act (please tick)?

- | | | | |
|--|--------------------------|------------|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Used to have a disability but have now recovered | <input type="checkbox"/> | Don't know | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> | | |