

**Kerseys Solicitors**  
 32 Lloyds Avenue  
 Ipswich  
 Suffolk IP1 3HD

Tel: 01473 213 311

# APPLICATION FORM



Position applied for:		Ref:	
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PERSONAL DETAILS	
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Surname	Forenames:
Title                    Mr/Mrs/Ms/Miss/Dr/Other .....	
Address:	Home Tel: Mobile Tel: Email:

EDUCATION & PROFESSIONAL QUALIFICATIONS				
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School; College; University	Dates		Examinations Taken	Date	Result
	From	To			

Professional Qualifications currently held: how obtained, date and grade

Other relevant Educational or Training Course information, with dates

**PRESENT POST**

Title of Post:

Name & Address of Employer

Salary:

Business of Employer

Date Commenced:

Date Ended: (if applicable)

Outline of your responsibilities, to whom you were responsible and details of staff responsible to you (if applicable):

Reason for leaving/wishing to leave:

Period of notice required:

**PREVIOUS EMPLOYMENT**

Name & Address of Employers

Position Held

Dates

Reason for Leaving  
with details of salary

From

To

## RELEVANT EXPERIENCE

Please say why you are applying for this post, outline aspects of your experience and give details of any particular achievements or distinctions which you consider relevant to this application. Please use a continuation sheet if necessary.

Where did you see this vacancy advertised?

**OTHER INFORMATION**

What activities outside work interest you?

Do you hold a current driving licence?	YES / NO	Do you own a car?	YES / NO
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**CRIMINAL CONVICTIONS**  
Please state whether you have been convicted of any criminal offence in the last 5 years, excluding minor parking and traffic offences.  
YES/NO  
If yes, please provide further details, including the date of conviction.

**HEALTH**  
Please state the number of days you have been absent due to sickness during the past two years?

**DISABILITY DISCRIMINATION ACT 1995**  
Are there any adjustments which you think we could make to overcome a disability in relation to the essential requirements of this job?  
YES / NO  
If yes, please provide further details:

**REFEREES**

Names & Addresses of two referees, one of whom should be your current or most recent employer:

Name: Organisation: Address:  Tel: Email:	Name: Organisation: Address:  Tel: Email:
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May we contact this referee prior to interview? YES / NO	May we contact this referee prior to interview? YES / NO
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**DECLARATION**

I declare that the information given is true and correct. I give my consent to my referees being contacted and for details of any sickness absence during the last two years to be obtained.

Signed: ..... Date: .....  
  
Name: .....

<p>Thank you for completing this application. Please return it to:</p> <p><b>Mrs P. Smith</b> <b>Kerseys Solicitors</b> <b>32 Lloyds Avenue</b> <b>Ipswich</b> <b>Suffolk IP1 3HD</b></p>	<p><b>Data Protection Act 1998</b></p> <p>The use of information provided on this form will comply with the requirements of the above Act.</p> <p>Such data may be used to produce depersonalised statistics.</p>
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# RECRUITMENT MONITORING FORM



Tel: 01473 213 311

*Kerseys is committed to equal opportunities in employment. In order to ensure the effectiveness of this policy, all applicants are asked to provide the following information. Any information given will be treated in the strictest confidence and will be used solely for the purpose of monitoring.*

THIS QUESTIONNAIRE WILL BE SEPARATED FROM THE REST OF THE APPLICATION FORM IMMEDIATELY ON RECEIPT BY PERSONNEL BEFORE ANY CONSIDERATION OF CANDIDATES OCCURS.

Name: ..... Application Date: .....

Position: .....

<b>GENDER</b> (Please tick the appropriate box)			
MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>

<b>AGE</b> (Please tick the appropriate box)					
16 – 20	<input type="checkbox"/>	21 – 30	<input type="checkbox"/>	31 – 40	<input type="checkbox"/>
41 – 50	<input type="checkbox"/>	51 – 60	<input type="checkbox"/>	60 +	<input type="checkbox"/>

<b>RELIGION</b> (Please tick the appropriate box)					
CHRISTIANITY	<input type="checkbox"/>	BUDDHISM	<input type="checkbox"/>	ISLAM	<input type="checkbox"/>
ROMAN CATHOLIC	<input type="checkbox"/>	HINDUISM	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
JUDAISM	<input type="checkbox"/>	SIKHISM	<input type="checkbox"/>		

<b>ETHNICITY</b> (Please tick the appropriate box)					
<b>WHITE</b>	<b>MIXED</b>	<b>ASIAN OR ASIAN BRITISH</b>			
WHITE BRITISH <input type="checkbox"/>	WHITE AND BLACK CARIBBEAN <input type="checkbox"/>	INDIAN <input type="checkbox"/>			
WHITE IRISH <input type="checkbox"/>	WHITE AND BLACK AFRICAN <input type="checkbox"/>	PAKISTANI <input type="checkbox"/>			
WHITE OTHER <input type="checkbox"/>	WHITE AND ASIAN <input type="checkbox"/>	BANGLADESHI <input type="checkbox"/>			
<b>BLACK or BLACK BRITISH</b>	MIXED OTHER <input type="checkbox"/>	ASIAN OTHER <input type="checkbox"/>			
BLACK CARIBBEAN <input type="checkbox"/>	<b>CHINESE</b> <input type="checkbox"/>	<b>OTHER</b> <input type="checkbox"/>			
BLACK AFRICAN <input type="checkbox"/>					
Black Other <input type="checkbox"/>					