

LLOYD GROUP
WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

Strictly Private and Confidential
Application for Employment

Please complete in BLOCK CAPITALS (Handwritten)

POSITION APPLIED FOR:	BRANCH/DEALERSHIP:
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PERSONAL DETAILS

Title MR/MRS/MISS/MS Other (Please state)	
SURNAME	FORENAMES.....
Current Address.....	Previous Address.....
.....
.....
.....
Post Code..... From Date.....	Post Code.....
Tel No. Home.....	From Date..... To Date.....
Mobile.....	
Name of Next of Kin:.....	Address.....
Relationship:.....
Tel. No.....

National Insurance Number.....	Nationality.....
Work Permit/Visa Number.....	

<p>IMMIGRATION, ASYLUM & NATIONALITY ACT 2006 Provide proof that you are eligible to work in the UK i.e. N.I. Card, P45, P60, Passport, Birth Certificate, residence permit or a letter from the Home Office confirming that you are allowed to work. No offer of employment will be made without this information as it is required by law.</p>

PREVIOUS EMPLOYMENT DETAILS

Please give details of your employment history (most recent first) – using a separate sheet if necessary

Dates From To	Name and Address of Employer	Brief Description of Duties and Responsibilities	Reason for Leaving

<p>Have you ever been dismissed from any previous employment? If YES, please give details.</p>	<p>YES/ NO</p>
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MEDICAL

<p>Have you had any major or repetitive illness in the last five years? YES/NO If YES, please give details</p>			
<p>Have you had/do you have?</p>			
1. Defective Hearing	YES/NO	12. Skin Problems	YES/NO
2. Spectacles or contact lenses for:		13. Stomach/Digestive Problems	YES/NO
Reading	YES/NO	14. Nervous Disorder	YES/NO
VDU	YES/NO	15. Epilepsy	YES/NO
Distance	YES/NO	16. Diabetes	YES/NO
3. Arthritis	YES/NO	17. Fainting or Dizzy Spells	YES/NO
4. Rheumatism	YES/NO	18. Hernia	YES/NO
5. Repetitive Strain Injury	YES/NO	19. Dyslexia	YES/NO
6. Fractures	YES/NO	20. Anxiety/Stress/Depression	YES/NO
7. Back Problems	YES/NO	21. Chest/Breathing Difficulties	YES/NO
8. Kidney/Liver Disease	YES/NO	22. Allergies	YES/NO
9. Heart Problems	YES/NO	23. Migraine/Bad Headaches	YES/NO
10. High Blood Pressure	YES/NO	24. Others (Please specify below)	
11. Alcohol and/or Drug Dependency	YES/NO	
<p>How much time have you lost from work in the last year?</p>		<p>Days No. of occasions.....</p>	
<p>Do you have a disability which would affect your ability to be interviewed or to do the job you have applied for? YES/NO</p>			
<p>If YES, please attach details of any adjustments we would consider in order to interview you for the job.</p>			

LEGAL

Do you have a current driving licence? YES/NO details	Is it Clean? YES/NO	If NO, please give details
.....		
Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974?		
YES/NO If YES, please give details.		

OUTSIDE ACTIVITIES AND INTERESTS

Details of main interests and hobbies outside work
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WHY YOU?

Tell us why we should offer you this position <i>(please complete on a separate sheet if necessary)</i> .

AVAILABILITY FOR WORK

Please specify hours/days you are available for work.

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REFERENCES

All offers are made subject to receipt of two references, which are entirely satisfactory to the Company. Please give details of two referees, WHO CAN BE CONTACTED IMMEDIATELY in support of your application. Personal referees are not acceptable. All references must relate to previous employers, where no previous employer exists academic references will be acceptable. You MUST complete all contact information including postcodes.

REFERENCE 1 – CURRENT OR MOST RECENT EMPLOYER

Company Name:	Contact Name:
Address:	Job Title of Contact Name:
Postcode	
Telephone Number:	Mobile Number:

REFERENCE 2 – PREVIOUS EMPLOYER or ACADEMIC REFERENCE

Company Name:	Contact Name:
Address:	Job Title of Contact Name:
Postcode	
Telephone Number:	Mobile Number:

PRE-EMPLOYMENT SCREENING

I, the undersigned, hereby agree to EMPS (Employers' Mutual Protection Service Ltd) to undertake such checks with a licensed credit reference agency. I hereby authorise the aforementioned checks and give my consent to the information obtained being released to the Lloyd Group in a report form.

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

FINANCIAL SERVICES AUTHORITY (FSA)

Have you ever been accredited by the FSA? YES/NO

Should you be required to be FSA accredited as part of your role, a separate declaration form will need to be completed.

I declare that the information I have given is true and accurate to the best of my knowledge and belief, and I understand that knowingly to falsify this form may bar me from employment or render me liable to dismissal.

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