

Confidential Employment Application Form

Please return the completed application form to:

Janet Collins

LHP Chartered Accountants

Llys Deri

Parc Pensarn

SA31 2NF

Or via email to: janet@lhp.co.uk

1. Vacancy Details

Position applied for:

Closing date:

Job Reference Number:

Where did you see this position advertised?

2. Personal Details

Preferred title (e.g Mr, Mrs, Miss, Mx, Dr, Prof.):

Forenames:

Surname:

Home Address:

Home Telephone:

Mobile Telephone:

Email Address:

Do you need a work permit to work in the UK?

Yes No

Do you require reasonable adjustments to enable your access to an interview, should you be shortlisted? Yes No

If yes, what reasonable adjustments do you require?

3. Diversity Monitoring

Our company recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect. In accordance with our equal opportunities policy, our company will provide equality of opportunity to all employees and job applicants and will not discriminate either directly or indirectly on the grounds of race, sex, gender identity, marital status, disability, sexual orientation, religion/belief or age.

This monitoring form does not form part of your application and will therefore be detached from it on receipt, stored separately and will not be available to the selection panel. You can send it separately if you wish.

Personal Details: Please complete all sections

Age 16-24 25-29 30-34 35-39 40-44 45-49 50-54
55-59 60-64 65+ Prefer not to say

What best describes your gender? Male Female Prefer not to say
Prefer to self-describe _____

Is your gender identity the same sex you were assigned at birth?

Yes No Prefer not to say

Married/Civil Partnership? Yes No Prefer not to say

Sexual Orientation: Please tick against one of the following

Bisexual	<input type="checkbox"/>	Gay Man	<input type="checkbox"/>
Gay Woman / Lesbian	<input type="checkbox"/>	Heterosexual / Straight	<input type="checkbox"/>
Other	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Religion or belief: Please tick against one of the following

No religion	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Christian	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>		
Other	<input type="checkbox"/>	Please state:			

Ethnic Origin: Please tick against one of the following

Asian/	Bangladeshi	<input type="checkbox"/>
Asian British;	Chinese	<input type="checkbox"/>
	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Other Asian	<input type="checkbox"/>
Black/African/Caribbean/	African	<input type="checkbox"/>
Black British;	Caribbean	<input type="checkbox"/>
	Other Black	<input type="checkbox"/>
Mixed/Multiple Ethnic	White & Asian	<input type="checkbox"/>
Groups;	White & Black African	<input type="checkbox"/>
	White & Black Caribbean	<input type="checkbox"/>
	Other Mixed	<input type="checkbox"/>

Other Ethnic Group;	Arab	<input type="checkbox"/>
	Any other Ethnic group	<input type="checkbox"/>
White;	British/English/Northern Irish/Scottish/Welsh	<input type="checkbox"/>
	Gypsy or Irish Traveller	<input type="checkbox"/>
	Other White	<input type="checkbox"/>
Prefer not to say		<input type="checkbox"/>

Disability: Please tick against one of the following

Do you consider yourself to have a disability?

You're disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. Conditions covered may include, for example, severe depression, dyslexia, diabetes, epilepsy and arthritis.)

Yes No Prefer not to say

PLEASE NOTE: This information is provided for monitoring purposes only – if you need reasonable adjustments you should arrange these separately.

4. Qualifications, Training and Development

Please list the name of the qualifications, training and development courses you have attended; that are relevant to your application.

Title of qualification or course, including grades if applicable	Name of Establishment/Training Provider	Date Awarded/ Completed
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5. Membership of Professional Bodies

Please provide details:

6. Language Skills

I am able to:	Understand	Speak	Read	Write
Welsh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. General

Full Valid Driving Licence

Use of a Car

8. Current or Most Recent Employment

Name of employer:

Address of employer:

Job title:

Date appointed to post:

Brief description of duties:

Reason for leaving:

Period of notice required:

9. Employment History

Please give a summary of all other employment (including previous posts held with your present or most recent employer) starting with the most recent first. Please continue on a separate sheet (s) if necessary.

Dates From – To	Name & Location of employer	a) Job title b) Brief description of duties c) Reason for leaving

10. Employment Related References

Please provide details of two work related referees who will be able to describe your suitability for this post. The first of these should be your present or most recent employer. All offers of employment are subject to the company being satisfied with the work references received. *Please refer to section 11 if you are unable to complete this section due to limited working experience.

1st Referee

Name:

Address:

Tel:

E-mail:

Position held by referee:

Employment relationship:

2nd Referee

Name:

Address:

Tel:

E-mail:

Position held by referee:

Employment relationship:

11. Character Reference

If you have not worked before, or if you have recently left full-time education please provide details of someone who can offer a character reference about you.

Referee

Name:

Address:

Tel:

E-mail:

Relationship to applicant:

12. Letter of Application

Please read the job description and person specification for the post. Using the information provided, please complete this section to let us know what skills, talents and abilities you think you can bring to the company and what qualities you have to do the job (please note: CV's will not be accepted).

I hereby certify that the information given in this application is, to the best of my knowledge and belief, true and accurate.

Signature

Date