



Optimised Business Solutions Through Partnership

Skanco Court, Cooil Road, Braddan, Isle of Man IM2 2SR

Please complete and return this form to the Personnel Department, marked "Strictly Private & Confidential", at the above address.

Notes for Applicants

This form is an important part of our selection procedure and gives you the opportunity to record relevant points about your background and attainments. Please complete all sections of the form as fully as you are able, in your own handwriting. If you have a detailed curriculum vitae please attach it to this form.

Job Applied for _____ Full/Part time _____ Hours Required _____

APPLICANT DETAILS

Mr/Mrs/Ms/Miss/Dr _____ Address _____
Surname _____
First Names _____
Date of Birth _____ Post Code _____

Where did you hear of this vacancy? _____

Have you applied to us before? (If yes, please give details such as date, job applied for etc.)
Home Telephone Number _____
Office Telephone Number _____

Do you have a clean current Driving Licence Yes/No

Do you require an Isle of Man Work Permit? Yes/No

EDUCATIONAL/PROFESSIONAL QUALIFICATIONS

What Qualifications have you obtained? (e.g. GCSE, NVQ, A Level, degree, Professional Qualifications). Please give dates taken, results and details of all resits. (Continue on separate sheet if required) Please do not write "see CV" in this section and complete as fully as possible

Please start with most recent qualifications.

Table with 4 columns: Qualification, Subject, Date, Grade. Includes multiple rows of blank lines for data entry.

PAST EMPLOYERS

Please start with your present or most recent employer and work backwards. Explain any breaks in your employment.

Employer, Company Name and Address	Dates From To	Position Held	Brief description of responsibilities and significant achievements	Reasons for leaving

Please ensure that you give us an accurate indication of your salary expectations. We do want to make sure that both of our expectations are aligned.

SALARY REQUIRED £ _____

PERSONAL QUALITIES

We have identified a number of qualities relevant to success in our business. Some of these are listed below with a brief description of what we mean. Please give an example of a responsibility you have had, an activity you have taken part in, something you have achieved or anything else, which shows how capable you are under each heading. Examples may be from any sphere of life, including work, college, family, club, voluntary sporting or any other experience. Although your experience in some areas may be limited, please complete each section to the best of your ability.

Communicate Effectively (getting information across clearly and succinctly to achieve results)

Achieving Goals (organising tasks and bringing them to a successful conclusion)

Work With others (involving and working co-operatively with others to get mutually beneficial results)

Achieve Customer Satisfaction (Identifying customer needs and tailoring services/products to meet these)

Remain Adaptive (Maintaining flexibility to respond effectively to changes in demands and circumstances)

Applied Information Technology (using PC's, computer systems and applications such as spreadsheets, graphics etc to increase efficiency and quality)

Career Aims

What are your career aims? Why have you chosen this career?

Career Choice

Why have you chosen to apply to us? What attracts you to a career with us?

Your Interests

Please outline your main interests including any positions of responsibility held

Any Other Information

If you wish to provide any other information of direct relevance to support your application, please use this section.

(continue on a separate sheet if required)

Convictions/Disqualifications

Please provide date and details of:

- a) any convictions and/or (b) any form of motoring offence (including the number of points on your driving licence) and/or (c) disqualifications from performance of professional duties:

Please include details of cases, which are pending

NOTE this does not apply to convictions that are spent in accordance with the Rehabilitation of Offenders Act 2001. Any information given will be completely confidential and if relevant, will be considered only in relation to this application for employment.

I confirm that the above information is, to the best of my knowledge, true and complete and understand that if any details are found to be false, any offer of employment may be withdrawn or employment terminated.

I agree to undergo a medical examination if required and for the Company to request information from my Doctor if this is considered necessary.

Signed _____ Dated _____

I hereby give you permission to approach the following people who can provide references relevant to the last 5 years of my career.

Current Employer

Name _____

Company _____

Position _____

Address _____

Telephone Number _____

Fax Number _____

Personal or previous Employer

Name _____

Company _____

Position _____

Address _____

Telephone Number _____

Fax Number _____

Please note you should take no immediate action to terminate your present employment until we advise you to do so. No approach will be made to your employer until we have received written acceptance of your offer.

Signed _____

Date _____

STATEMENT OF HEALTH BY APPLICANT - for use at interview only

Please do **not** submit with initial application

Name of Applicant (in full) _____

Date of Birth _____

Depending on the nature of the replies in this Statement of Health the Company reserves the right to obtain reports from any of the doctors or hospitals mentioned and, if it is deemed necessary, to ask for a full medical examination or in an exceptional case for a special investigation. Any applicant who has attained age 50 will be required to undergo a Medical Examination with their G.P. or other Medical Officer specified by the Company

1. FAMILY HISTORY

Have any of your near relatives, i.e. parents, brothers or sisters, spouse, or children (if any) suffered from:-
DIABETES, STROKE, HEART DISEASE, TUBERCULOSIS or MENTAL ILLNESS?

Yes or No	Relationship	Details (mentioning condition and approximate age of onset)

2. PHYSICAL DESCRIPTION

(a) What is your height? _____ What is your weight? _____
(Accurate up to date figures should be given in ordinary indoor clothing and outdoor footwear).

(b) Has your weight varied in the past year?

		FOR OFFICE USE ONLY
Yes or No	If weight is not stationary please give reason	Max_____
	Weight gain/loss	Ave_____
Yes or No	Please give full details	Min_____
	Registration no. if Registered Disabled Person_____	

(c) Have you any bodily infirmity or deformity? (e.g. Rupture, Varicose Veins, Back Pain, Impaired Vision or Hearing, etc)

3. MEDICAL ATTENTION

(a) Name and address of your Doctor? _____

_____ How long have you known him/her? _____ years

(b) Have you in the past five years consulted your Doctor?

(c) Have you in the last five years ever been seen by any other Doctor?
(Please give name and address)

(d) Have you ever REGULARLY taken medicine, tablets, had injections or received any other form of medical treatment?

Yes or No	Dates	Reasons for consultations (Please avoid vague terms such as "minor ailments" etc.)
Yes or No	Dates	Give full details (with name of any Doctor consulted)

THANK YOU FOR COMPLETING THIS FORM