

Job Application Form

Position applying for: ASSISTANT ACCOUNTANT

Employee details

Title	Forename(s)	Surname
Address		
Date of birth	Phone no.	
Email	NI No.	
Current driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/>	Details of any endorsements	
Groups:		
Expiry Date:		
Are there any restrictions on you taking up employment in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please provide details)		

Education history

Schools	Qualifications gained
Colleges/Universities	Qualifications gained

Other training received

Other employment

Please note any other employment you would continue with if you were to be successful in obtaining this position (if any)

Employment history

(Please complete in full and use a separate sheet if necessary)

From - to	Name and address of employer	Job title and duties	Start/finish salary	Reason for leaving

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Notice required in current post:

References

Please note here the names and addresses of two persons from whom the company may obtain both character and work experience references.

1.	2.
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Leisure

Please note here your leisure interests, sports and hobbies, other pastimes etc.

Criminal record

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.

General comments

Please detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post

Declaration

(Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed:

Date:

Once completed please return this form to:

Barry Coles FCCA
barry@greenaccountancy.com