

EDUCATION			
SECONDARY SCHOOL NAME/ADDRESS	DATES FROM/TO	COURSES STUDIED	QUALIFICATIONS OBTAINED
FURTHER EDUCATION	DATES FROM/TO	COURSES STUDIED	QUALIFICATIONS OBTAINED
OTHER TRAINING	DATES FROM/TO	COURSES STUDIED	QUALIFICATIONS OBTAINED
DETAILS OF ANY PROFESSIONAL QUALIFICATIONS OR PROFESSIONAL MEMBERSHIPS, AND DATES OBTAINED			
KNOWLEDGE OF FOREIGN LANGUAGES (indicate ability level i.e. basic/working/fluent)			
LANGUAGE	SPOKEN	WRITTEN	
DETAIL EXPERIENCE/COURSES IN INFORMATION TECHNOLOGY & SOFTWARE USED, e.g. Office, Outlook, Accounting Packages etc.			

WORK EXPERIENCE

NAME AND ADDRESS OF CURRENT/MOST RECENT EMPLOYMENT

(Not including temporary employment)

DATES FROM TO CURRENT SALARY / ON LEAVING JOB TITLE

MAIN RESPONSIBILITIES & ACHIEVEMENTS

REASON FOR LEAVING (IF APPLICABLE)

TOTAL DAYS OF ABSENCE DUE TO SICKNESS IN LAST 12 MONTHS

Days

PREVIOUS EMPLOYERS

**NAME & ADDRESS
OF EMPLOYER**

**DATES
FROM/TO**

**POSITION HELD
(Give details of main responsibilities
and reasons for leaving)**

**SALARY
ON LEAVING**

ADDITIONAL INFORMATION Describe the particular qualities/talents you will bring to this job and how it fits into your career plans

Please continue on a separate sheet if necessary

HEALTH

(delete as appropriate)

Are you a registered disabled person?

Yes / No

Do you have any Medical Conditions requiring medication or other treatment? Yes / No

Do you have any back, muscular or skeletal problems?

Yes / No

If you have answered Yes to any of these questions please provide details below to assist the company in complying with its Health & Safety Policy.

REFERENCES

Please indicate two people who can provide references -one of whom should preferably be your present/most recent employer:

Name:

Name:

Address:

Address:

Tel.No.

Tel.No.

Email:

Email:

Occupation:

Occupation:

I give/do not give permission to take up my references prior to an offer of employment being made *(delete clearly as appropriate)*.

CRIMINAL CONVICTIONS

(You do not have to disclose any convictions regarded as spent under the Rehabilitation of Offenders Law)

Have you ever been convicted of a criminal offence?

Yes / No

If you have answered Yes please provide details of the conviction and date below.

I declare that all the information given on this form is, to the best of my knowledge, true and complete in every respect and accept that any offer of employment is on the basis of the validity of this information. Under the applicable Data Protection Law I understand that my personal data will be processed for internal Personnel Administration purposes only and I give my consent to sensitive data being held and processed by Islands Insurance for these purposes.

SIGNED.....DATED.....

ALL INFORMATION CONTAINED IN THIS APPLICATION WILL BE TREATED AS CONFIDENTIAL