



**EMPLOYMENT APPLICATION FORM
LUCAS FETTES & PARTNERS
GROUP OF COMPANIES**

POSITION APPLIED FOR:	
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The following information will be treated in the strictest confidence.

PERSONAL (Please complete this section in **BLOCK CAPITALS**)

Surname: Mr/Mrs/Miss		First Name(s):	
Address:			

Please provide addresses covering the past five years on a separate sheet of paper if necessary

Contact Tel. Nos, Home:			
Mobile Tel No:			
Full Driving Licence:	YES/NO	Endorsements:	*YES/NO
*If YES, please give further details including dates			
National Insurance Number:			
Are you involved in any activity, which might limit your availability to work or your working hours e.g. local government?			YES/NO
If YES, please give full details.			
Are you subject to any restrictions or covenants which might restrict your working activities?			YES/NO
If YES, please give full details			
Are you willing to work overtime and weekends if required?			YES/NO
Please give details of any hours which you would not wish to work:			
Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?			YES/NO
If YES, please give full details on the additional information sheet.			
You may be required as part of your Application to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination prior to employment?			YES/NO
Do you need a work permit to take up employment in the UK?			YES/NO
Are you related to any person employed by this business?			YES/NO
If YES, please give full details:			
How much notice are you required to give to your current employer?			
Please provide details and the number of days absent from work due to sickness in the last 12 months:			No of days:
Details of absence:			



EDUCATION

Schools attended since age 11 with full postal addresses	From	To	Examinations and Results
College or University with full postal addresses	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Any other relevant professional qualifications	Date Attained	Subject	



AUTHORISATION

Please provide details of any membership or authorisation by any recognised regulatory body:

Has membership or authorisation ever been refused?	YES/NO
If YES, please provide details:	

GENERAL

Have you ever been:-

Refused entry into a profession?	YES/NO
Removed from any fiduciary office?	YES/NO
Disqualified as a company director?	YES/NO

Have you ever:-

Been convicted of fraud or misconduct?	YES/NO
Had criminal or civil proceedings against you?	YES/NO

Have you ever:-

Been declared bankrupt?	YES/NO
Had any judgement debt registered against you?	YES/NO
Entered into an arrangement with creditors?	YES/NO
Ceased trading where creditors did not receive full payment?	YES/NO

If yes to any of the above, please provide full details on the additional information sheet attached.

Please give details of membership of any technical, professional associations or any recognised professional regulatory body.



SUPPLEMENTARY INFORMATION

Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths.

Next of kin contact details:

Name:		Relationship:	
Contact details:			

DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal

I understand these details will be held in confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

Signature:		Date:	
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REFERENCES

I give authority to Lucas Fettes and Partners to request references from my previous employers or whomever they deem necessary in relation to this application. This is in order to fulfil the FSA requirement to determine that I am fit and proper as determined by the regulators requirements and I understand that any offer of employment is conditional on these being satisfactory.

Signature:		Date:	
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Can we approach your current employer once an offer of employment has been made? YES/NO

Signature:		Date:	
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I hereby agree that any details necessary to complete a reference for my prospective employer, Lucas Fettes and Partners may be released.

Signature:		Date:	
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SOURCE OF APPLICATION

How did you hear of this vacancy?

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LUCAS FETTES
& PARTNERS

PRE – EMPLOYMENT MEDICAL QUESTIONNAIRE

Full Name:

Address:

Contact No:

We will not contact your doctor without your prior written consent.

1. How many days' absence have you had from work in the last three years?	days
2. Are you currently on medication (excluding contraceptives)? If YES, please give further details.	YES/NO
3. Have you spent time in hospital in the last three years? If so, why?	YES/NO
4. Do you suffer from any injury, illness, medical condition or allergy that might affect your ability to perform your duties? If YES, please give further details.	YES/NO
5. Do you consider yourself to have a disability? If YES, please give further details.	YES/NO

Data Protection Notice:

The Company requires certain information prior to you commencing employment, to ensure you will be able to perform the requirements of the job and give reliable service, and to ensure compliance with relevant Health and Safety regulations. The information is also required in order to establish whether any reasonable adjustments may need to be made to assist you in performing your duties, in accordance with the Disability Discrimination Act 1995.

The information you provide will be treated in the strictest confidence, and used only for the purposes detailed above in compliance with the Data Protection Act 1998.

Signature:	Date:
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LUCAS FETTES
& PARTNERS

ADDITIONAL INFORMATION