



Confidential Job Application Form

All applicants must complete this form in full – please do not write see Curriculum Vitae.

Please complete in BLOCK CAPITALS

Position Applied For:

Part 1 - Personal Details	
Title:	Surname:
First Name(s):	
Address:	
Postcode:	
Telephone No: Home/Mobile	
Email:	
Date and place of Birth:	
Nationality:	
Do you require an Isle of Man Work Permit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, when did you take up residence in the Isle of Man?	

Part 2 – Education

Please give details of the qualifications you hold, including further education (continue onto a blank piece of paper if necessary and attach to form)

Dates Attended	Name of School, College or University	Qualifications Achieved	Grade

Part 3 – Employment History

Current or most recent position:

Name and address of employer:	Current position:
	Date of last promotion:
	Current salary: £
	Date of last salary review:
	Bonus:
	Holidays:
Nature of employer's business:	Pension Yes <input type="checkbox"/> No <input type="checkbox"/>
	Life Assurance Yes <input type="checkbox"/> No <input type="checkbox"/>
	Medical Insurance Yes <input type="checkbox"/> No <input type="checkbox"/>
Dates of employment:	Permanent Health Insurance Yes <input type="checkbox"/> No <input type="checkbox"/>
From:	Notice Period:
To:	Other benefits:
Reason(s) for wishing to leave:	

Employment prior to position above (continue on a separate sheet if necessary)

If there are any gaps in your employment history, please explain.

Name and address of employer(s)	Dates	Position	Reason for Leaving

Part 4 – Other Information

Do you currently suffer from any medical conditions/illnesses which may impact on your ability to undertake your role? Yes/No. If Yes, please provide further details.

Please state sickness absence from work or education during the past three years, detailing the number of absences, reason for absences and the total number of days per year.

Do you have a criminal conviction that is NOT considered spent in accordance with the Rehabilitation of Offenders Act 2001? Yes No

If 'Yes', please state the nature including the offences, judgements and dates:

Have you held a "Key Persons" role within an organisation and been approved by the Isle of Man Financial Supervision Commission? Yes No

If 'Yes', please advise date when last verified:

If you answer 'Yes' to any of the following questions, please provide further details on the Additional Information page.

Are you a registered disabled person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently the subject of any criminal proceedings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been the subject of a disciplinary investigation or disciplinary action by a previous employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been barred from entry to, or disciplined by, any professional body or occupation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had any previous name(s) by which you have been known?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there any outstanding civil litigation against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been declared bankrupt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Part 5 - References

Please provide the names and addresses of two referees (not relatives) from whom references may be obtained.
 One reference must be your current employer or course tutor if you are leaving full time education.
 References will not be obtained until you have accepted an offer of employment with us.

Name of referee:	Name of referee:
Job Title:	Job Title:
Position:	Position:
Address:	Address:

I declare that to the best of my knowledge, the information contained in this form and my Curriculum Vitae is true. I understand that if any details are found to be false that my contract of employment may be withdrawn.
 I understand that information from this form and my CV will be held electronically and manually for employment purposes subject to the requirements of the Data Protection Act 2002.

Signature:	Date:
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Additional Information if appropriate: