



APPLICATION FOR EMPLOYMENT

Section 1. Vacancy Details

Application for position _____ Campaign no _____
Department / Team _____

Section 2. Employment

Present/most recent employer _____
Employer's address _____
_____ Post code _____
Dates employed from _____ to _____
Job title _____
What period of notice is required by your current employer? _____

Previous employers.

Please list all previous employers.

Dates Employed	Employer	Position Held
to		
to		
to		
to		
to		
to		
to		
to		
to		
to		

Section 3. Education and Training

Education

Qualification(s) obtained and those currently being pursued

Dates awarded	Institution	Qualification

Training

Work related courses

Course date	Course title & subjects covered	Training organisation

Membership of professional bodies

Body		Membership status	
Registration N°		Renewal date	
Body		Membership status	
Registration N°		Renewal date	

Other relevant work

e.g. voluntary, unpaid work, community work. Please refer to the person specification and job description.

Dates	Nature of Activity
to	
to	
to	
to	
to	
to	
to	
to	

Section 4. Relevant Experience and Skills

Shortlisting and selection will be based on the criteria set out in the accompanying person specification.

Please demonstrate how you satisfy each point in the order they are listed in Section 5 of the Job description, drawing on your personal and work experience, skills, education and training.

The information on this sheet will be separated from your application as soon as it is received. It will not be passed on to anyone involved in shortlisting or appointment to this post.

Section 5. References

Please give the name, address and telephone number of two referees. One should be your current or most recent employer. References provided must cover at least the last three years of your employment history.

Name _____ Email address _____

Position _____

Address _____

Post code _____ Telephone N° _____

Name _____ Email address _____

Position _____

Address _____

Post code _____ Telephone N° _____

May your present employer be contacted if you are shortlisted? Yes No

Do you require a work permit to work in the UK? Yes No

Have you ever been convicted of a criminal offence?
(Declaration subject to the Rehabilitation of Offenders Act) Yes No

If yes, please give details _____

Data Protection Act 1998

Information provided by you in section 6 of this application form will be kept for the purposes of monitoring. It will be copied for use during the recruitment process. Once the recruitment process is completed, the data will be stored for a maximum of 6 months and then destroyed. If you are the successful candidate, relevant information will be taken from this form and used as part of your Human Resources record.

Declaration

I declare that the information contained in this application is complete and correct. I understand that if I have knowingly provided false information, I may be disqualified or dismissed after appointment.

I consent to the use of this information as outlined above.

Signature _____ Date _____

Alternatively, if you are completing this form on line, please check this box to denote your consent to the use of this information as outlined above

Section 6. Personal Details

First name _____ Surname _____

Title (Mr/Mrs/Ms etc) _____ Email _____

Address _____

Post code _____

Date of birth _____ Home Telephone N° _____

Current or most recent salary and benefits _____

May we contact you at work? Yes No

Daytime Telephone _____

Evening Telephone _____

If you choose not to give us this information, this will not affect your application in any way. We will detach this section before short listing.

Section 7. Equality of Opportunity

The Law Society operates an equal opportunity policy. To help us monitor its effectiveness, please complete this section and tick the appropriate boxes below:

Do you currently work for the Law Society? Yes No

Are you related to any member or officer of the Law Society? Yes No

What is your gender? Male Female

Do you consider yourself to have a disability*? Yes No

*The Disability Discrimination Act (DDA) 1995/extended 2005 defines disability as: "a physical or mental impairment which has a substantial and long term effect on a person's ability to carry out normal day to day activities".

If yes, can you give me more information about your disability (delete as appropriate).

Physical <input type="checkbox"/>	Mental Health <input type="checkbox"/>	
Visual <input type="checkbox"/>	Learning disability <input type="checkbox"/>	
Hearing <input type="checkbox"/>	Another illness <input type="checkbox"/>	
		Please specify _____

Please tick the box from the list below which best describes the ethnic group to which you belong:

<p>White</p> <p>British <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Any other white background <input type="checkbox"/></p> <p>Please specify _____</p>	<p>Black or Black British</p> <p>Black Caribbean <input type="checkbox"/></p> <p>Black African <input type="checkbox"/></p> <p>Any other black background <input type="checkbox"/></p> <p>Please specify _____</p>	<p>Asian or Asian British</p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Any other Asian background <input type="checkbox"/></p> <p>Please specify _____</p>
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Mixed		Chinese or other ethnic group	
White & Black Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	Any other ethnic background	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	Please specify _____	
Any other mixed background	<input type="checkbox"/>		
Please specify _____			

Please tick the box from the list below which best describes your religious belief:

Agnostic	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Not specified	<input type="checkbox"/>
Atheist	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Roman Catholic	<input type="checkbox"/>
Church of England	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Other	<input type="checkbox"/>	Please specify			<input type="checkbox"/>

Please tick the box from the list below which best describes your sexual orientation:

Not specified	<input type="checkbox"/>	Same Sex (homosexual)	<input type="checkbox"/>
Opposite Sex (heterosexual)	<input type="checkbox"/>	Same Sex & Opposite Sex (bisexual)	<input type="checkbox"/>

To help us monitor our advertising policy, please say where you saw this post advertised