

Position Applied For:	
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Please complete the application form in black or blue ink and in BLOCK CAPITALS

Personal Details

Title	Surname
Forename	Previous names (if applicable)
Address	
Postcode	
Home tel no.	Mobile tel no.
Email address	

Do you currently have the legal right to work in the UK?	Yes/No *delete as appropriate
What is your National Insurance Number?	
Do you have a full and current driving license?	Yes/No
Please provide details of any endorsements you have: (include code, date, number of points)	
Do you have use of a private car?	Yes/No

Please return completed form to:
Theresa Martin-Saunders, Cobb Amos, First Floor, 5 High Street, Ludlow SY8 1BS
recruitment@cobbamos.com
www.cobbamos.com

Skills and Abilities

You may continue on an extra sheet of paper and include this with the application form, should you require more space.

Please provide additional comments to support your application, detailing your skills and experience relevant to the role and any relevant out-of-work interests that you pursue, as well as what attracted you to this role and our company.

Education

Please complete the following in reverse chronological order

Dates from:	To:	Name and Address of School, University or College	Full time or part time	Subjects studied, Grade and Qualification (obtained or expected, please specify)

Further Education

Please complete the following in reverse chronological order

Dates from:	To:	Name and Address of School, University or College	Full time or part time	Subjects studied, Grade and Qualification (obtained or expected, please specify)

Employment History

An accurate account of the last 10 years (as applicable) of your career history is required, including periods of unemployment. The full names and addresses of all your previous employers (including Recruitment Agencies) are required as references will be taken. If you were self-employed, please give the name and address of the accountant(s), if any, who dealt with your finances, as well as the name of your company. Please account for any gaps in your career history. Against your current employment, please note the notice period required.

Name, address and email address of employer	From Month/Year To: Month/Year	Job title and final salary	Main responsibilities	Reason for leaving

Please indicate if you give permission for us to contact your listed referees prior to employment commencing. *please delete as appropriate.

Yes / No

You may continue on a separate sheet of paper, should you require additional space. Please include your name on any additional completed sheets and attach to your application form.

Equal Opportunities Form

The Company is committed to ensuring that all applicants and staff receive equal consideration on the grounds of their stability and qualification in relation to recruitment, career development, promotion etc., irrespective of their marital status, gender, sexuality, age, colour, race, religion, nationality, disability, ethnic or national origins.

To help us ensure that this policy is both working efficiently and that we maintain the records we are legally required to keep, you are asked to supply the following information. This form will be filed separately from your personal file and will be used for monitoring purposes only.

The information you supply on this monitoring form will be stored and processed by Martin-Saunders Property services Ltd. Cobb Amos required the data for monitoring purposes as detailed in the above statement. All information will be subject to strict security rules and confidentiality.

By signing this form, you give consent for Cobb Amos to store and monitor the information provided for above purposes.

Signature:	Date:
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Name:	Date:
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Please indicate your sex:	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Not specified <input type="checkbox"/>
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Do you smoke?	Yes / No
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Do you suffer with any health issues? If so, please detail:

Do you consider yourself to have a disability?	Yes / No
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A disabled person under the Disability Discrimination Act 1995 is anyone with a "physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities".

If yes, what is the nature of your disability?
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What is your ethnic origin? (Please tick the box that you feel applies to you)

Asian	<input type="checkbox"/>	Black Other	<input type="checkbox"/>
Asian Bangladesh	<input type="checkbox"/>	Oriental	<input type="checkbox"/>
Asian Indian	<input type="checkbox"/>	White British	<input type="checkbox"/>
Asian Pakistani	<input type="checkbox"/>	White Other	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Other (Please specify)	<input type="checkbox"/>

What is your nationality (as shown on your passport?)

What is your Date of Birth?

What is your marital status?

Number of children:

Children(s) date(s) of birth: