

Professional Qualifications currently held: how obtained, grade and date

Other relevant Educational or Training Courses, with dates (please include any experience you may have had selling insurance products)

3. PRESENT POSITION

Title of Position:		Salary:	
Name of Employer:		Business of Employer:	
Address:		Date Commenced:	
		Date Ended (if applicable):	
Postcode:			
Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable):			
Reason for leaving or wishing to leave:			
Period of notice required to terminate present employment:			
Please notify us of any dates you are unavailable for interview:			

4. PREVIOUS EMPLOYMENT

Name and Address of Employers	Position held	Dates		Reason for leaving	Final salary
		From	To		
i.					

Description of duties:

ii.					
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Description of duties:

iii.					
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Description of duties:

iv.					
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Description of duties:

v.					
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Description of duties:

5. RELEVANT SKILLS, ABILITIES, KNOWLEDGE, EXPERIENCE AND YOUR REASONS FOR APPLYING FOR THIS JOB

6. OTHER INFORMATION

What activities outside work interest you? (State any positions held that you consider relevant.)

Do you hold a current driving licence?

Yes No

Do you own a car?

Yes No

Health

Please state the number of days sickness absence in the last 2 years:

NB: Successful candidates may be required to complete a full medical questionnaire.

Disability Discrimination Act 1995

Do you consider yourself to be disabled under the Disability Discrimination Act?

Yes No

If Yes, are there any adjustments that you think we could make to overcome a disability in relation to the essential requirements of this job?

Yes No

If Yes, please provide further details:

If selected for interview, do you require any assistance/adaptations to help you attend?

Yes No

If Yes, what assistance/adaptations do you require?

Rehabilitation of Offenders Act 1974

Have you any convictions that are not spent under Rehabilitation of Offenders Act?
Mark Hammerton Travel Ltd is authorised and regulated by the Financial Services Authority

Yes No

If Yes, please provide further details:

7. REFERENCES

Referee 1		Referee 2	
Title (Mr, Mrs etc):		Title (Mr, Mrs etc):	
Full Name:		Full Name:	
Job Title:		Job Title:	
Organisation:		Organisation:	
Address:		Address:	
Postcode:		Postcode:	
Tel No:		Tel No:	
Email address:		Email address:	
Fax No:		Fax No:	
Please state if we may obtain this reference prior to interview.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please state if we may obtain this reference prior to interview.	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. DECLARATION

I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminating my employment.			
Signature:		Date:	
Name:			
The information provided by you on this form as an applicant will be stored either on paper records or a computer system in accordance with the Data Protection Act 1998 and will be processed solely in connection with recruitment.			