

APPLICATION FORM

To ensure that this application form is processed quickly, please complete all sections on the form. It is important that you type or write legibly using **black ink**. You may supply additional material, such as a CV, but if you do – you must still complete all parts of the form to assist with the short listing process.

1

POSITION DETAILS			
Job Title		Team:	

2

PERSONAL DETAILS	
Surname:	Forename(s):
Date of Birth:	National Insurance Number:
Address:	Telephone (Home):
	Telephone (Mobile):
	Telephone (Work):
	May we contact you at work? YES / NO
Postcode:	Email:

3

EDUCATION AND TRAINING					
Schools / Colleges (attended since age 11)	Date		Qualifications obtained (O/A levels, GCSE's etc)	Date	Grade
	From	To			

Further / Higher Education establishments attended	Date		Course Title	Date	Grade
	From	To			
Professional Training / Qualifications, with dates and levels attained					
Other training /courses attended relevant to the post, with dates					

4

PRESENT EMPLOYMENT	
Name and Address of Employer:	Date Employment Commenced:
	Current Salary
Job Title:	Notice Required

5

PREVIOUS EMPLOYMENT			
Please list all your previous employment, detailing any gaps between employments with reasons. Continue on a separate sheet if necessary.			
Dates From/To	Name and address of Employer	Job Title and Nature of the Work	Reason For Leaving

6

MEMBERSHIP OF PROFESSIONAL INSTITUTES (ONLY COMPLETE IF NECESSARY OR RELEVANT FOR THE POST)		
Name of Institute	Current Status	Date awarded

7

SUPPORTING STATEMENT

The information that you provide in this section will be used in assessing your application. In the information that you received with this application you will find a Person Specification which lists **essential** criteria for the post. Your supporting statement should detail skills, experience and personal qualities that you have gained through your work or unpaid work that show that you meet the requirements of the job. Please use a separate sheet if required.

8

REFERENCES	
Please give the names and addresses of at least two people (other than relatives) with knowledge of you and your work to whom a request for professional references can be made.	
Present or most recent employer	
Name and Title	Full Address:
Position held	
Telephone:	
Fax	
Email	Postcode

Other Referee	Full Address:
Name and Title	
Position held	
Telephone:	
Fax	
Email	Postcode
May we approach your current employer for a reference before an offer of employment?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you find out about this vacancy?	

9

DISABILITY
Hatchers Solicitors LLP welcome applications from applicants who self-assess themselves as having a disability and guarantee an interview to those who meet the essential criteria for the vacancy. To help you, a disability is defined as a physical (e.g. mobility difficulties hearing or sight impairment) or mental impairment (e.g. learning disability), which has a substantial and long term adverse effect on a person's ability to carry out every day activities.
Do you consider yourself as having a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what, if any, type of aids, adaptations, equipment or special arrangements, would you require to take a full part in any interview?

DECLARATION

I certify that:

1. All the information contained in this form and attachments is true and correct to the best of my knowledge. I realize that false information or omission may lead to dismissal without notice.
2. I have read and understood the Hatchers LLP Candidate Privacy Notice.

(Please note that we will be unable to consider your application if this declaration is not signed).

Signature.....

Date.....