

APPLICATION FORM

POSITION APPLIED FOR:

Please note that our team members are employed by Sagars LLP which is an employee service organisation for Sagars Accountants Ltd. These organisations are collectively referred to below as 'Sagars'.

The following information will be treated in the strictest confidence and will be maintained in accordance with Data Protection legislation.

(Please complete this section in BLOCK CAPITALS)

Surname:		First Name(s):	
Permanent Address:			
Term time address if applicable:			
Private Tel. No:		Business Tel. No:	
Email address:			

<p>If you have a disability, please let us know about any reasonable adjustments that we will need to make to accommodate you throughout the application and recruitment process.</p>

<p>Are you involved in any activity which might limit your availability to work or your working hours e.g. local government, territorial army, police special officer etc?</p>	YES/NO
<p>If YES, please give full details.</p>	

<p>Are you subject to any restrictions or covenants which might restrict your working activities?</p>	YES/NO
<p>If YES, please give full details</p>	

APPLICATION FORM

<p>Please note that the provisions of s4.2 of the Rehabilitation of Offenders Act 1974 do not apply in the case of persons seeking to become chartered accountants.</p> <p>At the point of initial registration with ICAEW students are required to declare any act or default likely to bring discredit on themselves, ICAEW or the profession of accountancy, however long ago the offence or circumstances occurred. Offences or circumstances occurring following initial student registration should be declared to ICAEW as soon as practicably possible. If you are found to have failed to disclose this information your registration may be revoked or later membership prevented or withdrawn.</p>	<p>Acts requiring disclosure would include (but are not limited to):</p> <ul style="list-style-type: none"> • being found guilty of (or having pleaded guilty to) any criminal offences; • having been charged with a criminal offence which is as yet to come to trial; • entering into an Individual Voluntary Arrangement or similar composition with creditors; • failing to satisfy a judgement debt; • being the subject of an adverse finding by a professional body or regulator; • having had a disqualification order made, or having given a disqualification undertaking, under the Company Directors Disqualification Act 1986, or similar overseas legislation; or • having entered into bankruptcy or being a discharged bankrupt. <p>If any of the above statements apply to you, or you think that there are similar matters which you should declare, please attach details with your application.</p>
---	--

Do any of these circumstances (or similar) apply to you?	YES/NO
Have you at any time been the subject of any investigation or disciplinary hearing by <u>any</u> professional body?	YES/NO
If YES, please give full details:	

Are you willing to work overtime and weekends if required on occasion?	YES/NO
--	--------

Please give any dates when you will definitely <u>not</u> be available for interview:

Please tell us when you will be available to start work:

Have you ever worked for this business before?	YES/NO
Have you applied for employment with this business before?	YES/NO
Are you related to any person who is a partner or employee of Sagars?	YES/NO
If YES, please give full details:	

APPLICATION FORM

Do you need a work permit to take up employment in the UK? <i>Please note that we do not hold an Employer Sponsorship Licence and so cannot issue certificates of sponsorship.</i>	YES/NO
If YES, please give full details:	

If you are offered a position, you will be required to complete a medical questionnaire.

EDUCATION:

Secondary education		
Name of establishment	From	To
Sixth Form education		
Name of establishment	From	To

Examinations - Please list all attempts, whether passed or not (prior to University)							
Date	Level	Subject	Grade	Date	Level	Subject	Grade

APPLICATION FORM

Professional memberships (please list technical or professional associations including membership or roll numbers)

Present or last employment:

Are you currently employed?		YES/NO
Date started:	Date finished:	Reason for leaving:
Name of present or last employer:		
Address:		
Telephone No:		

Nature of business:	
---------------------	--

Job title and a brief description of your duties:	

APPLICATION FORM

Previous employment:

Please give brief details of your past employment, *excluding* your present or last employer, stating with the most recent first.

Name and address of employer:	Dates (month/year)	Position held/Main duties	Reason for leaving

APPLICATION FORM

DECLARATION

I understand that the information given on this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal.

Signature:	Date
------------	------

REFERENCES

Please give the names of two people (one of which should be your present or most recent employer and neither of whom should be related to you) whom we may approach for a reference:

Can we approach your current employer before an offer of employment is made? YES/NO

Name :	Name :
Position:	Position:
Address:	Address:
Email:	Email:
Tel. No:	Tel. No: