

Employment Application Form for Lutea Trustees Limited

(Please write in block capitals and ensure that each section is completed in full)

Personal Information

Surname	Given Name(s)
Address	Date of Birth
Telephone (H)	Mobile

Which, if any of these telephone numbers may we call you on during office hours?
Home/mobile/either

Email address.....

May we email you at this address regarding employment? Yes/no

Please provide address details and dates for the past 6 years

Address	From – to

Address	From – to

Address	From – to

Address	From – to

Education & Training

Please provide details and results of examinations taken during secondary education

Name of school/college/university training body	Subject studied	Qualification/level achieved	Date gained

Further education and professional qualifications:

Name of professional body	Qualification and level attained	Qualification date

Please describe any other relevant training, skills and experience you have acquired, whether at or outside work:

.....
.....
.....

Employment History

Please start with your most recent employment. Briefly describe the main duties and responsibilities of your post.

1. Current /most recent employer/organisation

Name:		
Address:		
Job Title:	From:	To:
Brief description of duties:		
Reason for leaving		

2. Employer/organisation

Name:		
Address:		
Job Title:	From:	To:
Brief description of duties:		
Reason for leaving		

3. Employer/organisation

Name:		
Address:		
Job Title:	From:	To:
Brief description of duties:		
Reason for leaving		

4. Employer/organisation

Name:		
Address:		
Job Title:	From:	To:
Brief description of duties:		
Reason for leaving		

As part of our recruitment process we will write to your current and previous employers for an employment if you are successful and soon after an offer is made.

No approach will be made to your present employer before an offer of employment is made to you.

<p>Please confirm your current salary and summary of benefits including:</p> <p>Pension</p> <p>Bonuses</p> <p>Private Medical Care</p> <p>PH Insurance</p> <p>Life Insurance</p>	
<p>How many days absent from work due to sickness or injury have you suffered in the past 12 months?</p> <p>Please provide the reasons for your absences</p>	
<p>Do you have any unspent convictions under the Rehabilitation of Offenders Act 2001?</p> <p>If so please provide detail</p>	

Residency

Please confirm if you are regarded as 'local' or 'non local' under the Regulation of Undertakings and Development (Jersey) Law.....if 'non local' please confirm your date of arrival in Jersey.....

<p>I confirm that the above information provided by myself is accurate and I also understand that should I be found to make a false statement then this could in the future lead to my dismissal from the Firm.</p>		
<p>..... PRINT NAME</p>	<p>..... Signature</p>	<p>..... Date</p>

