

DAVIES PARSONS ALLCHURCH EMPLOYMENT APPLICATION

(complete, print off & submit)

Application Number
(Office only):

Position Applied For:

Type of Employment:

Full Time Holiday cover
Part Time Work experience

DATE (dd/mm/yyyy)

Name of Applicant: (Please indicate how you wish to be addressed.)

Full Name: SURNAME

FIRST NAME

Phone Number

D.O.B. (dd.mm.yyyy)

Address: (Street, Town / City, County, Post Code)

Previous Address: (Street, Town / City, County, Post Code)

Some positions in the firm MIGHT require limited lifting of bulky files.

Are you physically fit?:	Yes No	Are you undergoing any medical treatment / physio?	Yes No	Have you sought employment with us before?	Yes No
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Would you be using your own vehicle to travel to work?	Yes No	Do you have a valid driver's licence?	Yes No	Class of driver's licence?
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EDUCATION

Secondary School attended and location:

Year of Leaving School:

College/University attended and location:

Degrees

No. of Years Year Graduated

Other Qualifications

OFFICE/SECRETARIAL APPLICATIONS

Training courses completed.

Skill/Aptitude:

Typing	Years of Experience	Words per minute
AUDIO	Years of Experience	Words per minute

EMPLOYMENT HISTORY: (List present or most recent positions first - additional positions of employment may be continued separately)

Name of Employer

Employer Address:

Type of Business

Department

Your Position

Duties

Name of Immediate Supervisor

Position

Reason for Leaving:

Name of Employer

Employer Address:

Type of Business

Department

Your Position

Duties

Name of Immediate Supervisor

Position

Reason for Leaving:

Name of Employer

Employer Address:

Type of Business

Department

Your Position

Duties

Name of Immediate Supervisor

Position

Reason for Leaving:

MAY WE ASK YOUR PRESENT OR PAST EMPLOYER(S) FOR A REFERENCE?

Yes

No

REFERENCES (Please do not list relatives or former employers)

Reference Name

Occupation

Reference FULL Address:

Reference Name

Occupation

Reference FULL Address:

Reference Name

Occupation

Reference FULL Address:

Whom do you know in this Firm?

ANY ADDITIONAL SKILLS?:

Activities (Student, Professional, Community, etc):

Hobbies:

Languages (spoken, written, read) Note fluency:

Other interests:

Special talents:

We appreciate your interest in seeking employment with us - please feel free to make any additional remarks in the space provided below or attach any additional information that would be helpful in evaluating your qualifications.

Additional Remarks:

I hereby certify that to the best of my knowledge and belief the answers given by me to the foregoing questions and all statements made by me in the application are correct.

If employed, I agree that all material created and produced whether in written, graphic or broadcasting form, all inventions new or changes in processes developed during my employment are the exclusive property of the Firm, and that subsequent to my employment with this Firm I will not disclose, use or reveal any confidential information related to the Firm, their clients, or any other matter without first obtaining written consent from a Partner of the Firm.

I consent to the Firm obtaining such personal and job-related information as required in connection with this for employment.

Signature and address of Applicant

Date (dd.mm.yyyy)

This signed form must now be sent addressed to:

**THE PRACTICE MANAGER
DAVIES PARSONS ALLCHURCH
8-10 QUEEN VICTORIA ROAD
LLANELLI
CARMARTHENSHIRE
SA15 2TL**

ALL CVs ARE RETAINED CONFIDENTIALLY FOR FUTURE CONSIDERATION