

# VICKERY & COMPANY

## JOB APPLICATION FORM

<b>POST</b>		
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### PERSONAL DETAILS

<b>Last Name</b>	
<b>Other Names</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Contact Tel. Numbers</b>	

### PRESENT/MOST RECENT EMPLOYMENT

<b>Name of Employer</b>			
<b>Address</b>			
<b>Post Held</b>		<b>FROM</b>	<b>TO</b>
<b>Please outline your main duties</b>			

VICKERY & COMPANY IS COMMITTED TO EQUAL OPPORTUNITIES  
IN ITS EMPLOYMENT POLICY, PRACTICES & PROCEDURES

**PAST EMPLOYMENT**

Please provide details of all previous work experience. This can include any unpaid or Voluntary work that you may have undertaken.

Name & Address of Employer	From : To :	Post Held & Brief Outline of Duties

**QUALIFICATIONS** please include dates taken and grades (Academic/Professional)

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**DETAILS OF ANY RELEVANT TRAINING**

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**ADDITIONAL INFORMATION**

After reading the job brief please say why you are applying for a career with Vickery & Company and highlight any knowledge, experience or skills you think may be relevant.

**DRIVING HISTORY:**

Have you ever been disqualified from driving or refused insurance?

YES  NO

Do you hold a full clean driving licence?

YES  NO

How did you learn of the vacancy?

\_\_\_\_\_

I certify that the information given in the support of my application is correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return the completed form to:

Mrs J. Brady  
Training Manager  
Vickery & Company  
75/79 Park Street  
Camberley  
Surrey GU15 3PE  
E-mail: jaynebrady@vickery.co.uk

# VICKERY & COMPANY

## EQUAL OPPORTUNITIES MONITORING

CANDIDATE REF. NO.
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Vickery & Company is committed to equal opportunities in its employment policy, practices and procedures. To help us implement and monitor this policy please could you provide us with the following information:

1. My sex is (please tick appropriate box):

MALE  FEMALE

2. My title is (please tick appropriate box):

MR  MRS  MISS  MS  OTHER (please specify)

3. Is there anyone who relies on you for day-to-day care and attention?

YES  NO

If yes, are they

a) Children	Age:	0 – 4	<input type="checkbox"/>
		5 – 11	<input type="checkbox"/>
		12 – 16	<input type="checkbox"/>

b) Other family member or partner

4. Do you consider yourself to have a disability?

YES  NO

4. My age is:

16 – 19	<input type="checkbox"/>
20 – 29	<input type="checkbox"/>
30 – 39	<input type="checkbox"/>
40 – 49	<input type="checkbox"/>
50 – 59	<input type="checkbox"/>
60+	<input type="checkbox"/>

This information will be kept separately from your application form and will be treated in the strictest confidence.