

# **SAVINGS ADVICE LTD**

## Application form 1

NAME		DATE OF BIRTH	
ADDRESS			
	HOW LONG AT ADDRESS ?      Years..... Months.....		
POSTCODE			
TEL NO (HOME)			
TEL NO (MOBILE)			
NATIONAL INSURANCE NUMBER			
MARITAL STATUS	SINGLE	MARRIED	WITHPARENTS
DO YOU HOLD A CURRENT FULL DRIVING LICENCE?	YES	NO	
DO YOU HAVE A CRIMINAL RECORD OR PENDING CONVICTIONS?	YES	NO	
DO YOU HAVE ANY SITUATION EITHER HEALTH OR PERSONAL THAT MAY HINDER YOU FROM WORKING FULL TIME?	YES	NO	
WHERE DID YOU HEAR ABOUT THIS VACANCY?			
THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT			
SIGNED.....DATE.....			



## EMPLOYMENT HISTORY

This form should be completed by providing us with details of your work history for the last five years or since leaving full time education, if you were in full time education for this period the name and address of the school and the date you left should be given as your last entry.

Please State your Current/Last job first and work backwards, any gaps in employment, over one month, should be explained i.e. unemployed, illness etc. Proof may be required.

YOUR NAME	NATIONAL INSURANCE NUMBER

EMPLOYERS NAME AND ADDRESS	
PHONE NUMBER AND CONTACT NAME	
JOB TITLE	
EMPLOYMENT PERIOD	DATE STARTED:                      DATE LEFT:
REASON FOR LEAVING	

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PHONE NUMBER AND CONTACT NAME	
JOB TITLE	
EMPLOYMENT PERIOD	DATE STARTED:                      DATE LEFT:
REASON FOR LEAVING	

## REFERENCES AND CRIMINAL RECORD DECLARATION

Please provide two references. One must be a recent former employer.

**NOTE: We will not accept the following as referees**

Any member of the applicants family or any person under the age of 18

**If any of the following are used as a reference then the 2<sup>nd</sup> reference must be a previous employer unconnected with the utilities industry.**

Current Sales Manager/Team Leader if transferring from another agency or supplier as a team.

Current employer if transferring from another supplier within the same agency/sub agency.

Any person currently or previously employed within the agency that this application relates to.

Reference One	
NAME	
ADDRESS	
TEL NO:	DAYTIME: <span style="float: right;">EVENING:</span>
IN WHAT CAPACITY DO YOU KNOW THIS PERSON?	

Reference Two	
NAME	
ADDRESS	
TEL NO:	DAYTIME: <span style="float: right;">EVENING:</span>
IN WHAT CAPACITY DO YOU KNOW THIS PERSON?	

Do you have a criminal record	Yes	No
If yes please give details		
Please note having a criminal record does not automatically preclude you from employment with Savings Advice Ltd, as each case will be reviewed individually		
Withholding information about any record, present or future, that is subsequently discovered, will result in the immediate termination of employment, irrespective of offence(s). The matter also reported to the police. No commissions due will be paid		
Declaration subject to the Rehabilitation of Offenders Act (1974)		
Random checks with the police will be carried out		

I confirm that the above information provided is true and accurate to the best of my knowledge
SIGNED.....DATE.....

National Insurance No.



**Equal Opportunity Form**

Savings Advice Ltd seeks to provide equality of opportunity for all employees and aims to select, recruit, train, promote and reward on the basis of merit, ability and performance.

Savings Advice is committed to creating a working environment free from unlawful discrimination on the grounds of colour, race, nationality, ethnic origin, disability, sex, marital status or sexual orientation.

Savings Advice Ltd, therefore, also expects any 3rd party organisations, representing SAL, to abide by the same code. This is the case even when the employees are not directly employed by SAL, but are employed by the 3rd party organisations.

You have a responsibility to ensure that you assist in the implementation of this policy, please complete this form to assist in the monitoring of equal opportunity.

**NOTE:**

The information that you provide will only be used for monitoring purposes.

<b>Post</b>
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<b>Forename</b>
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<b>Surname</b>
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<b>Title</b>	Mr / Mrs / Miss / Dr (Please delete non applicable)	Other (Please Specify)
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Other

Able Bodied

Unregistered  
Disabled

Registered  
Diabled

If registered disabled - Registration Number

\_\_\_\_\_

NAME

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_