

WATSON ESAM APPLICATION FOR EMPLOYMENT

Please mark your envelope private and confidential and send it to:

**PATRICIA BINT
PRACTICE MANAGER
WATSON ESAM SOLICITORS
18 PARADISE SQUARE
SHEFFIELD
S1 1TY**

www.watson-esam.co.uk

E-mail patricia.bint@watson-esam.co.uk

Application Number:

(to be completed by Watson Esam)

PERSONAL DETAILS

Full Name

Address:

Telephone Number:

Mobile telephone number:

e-mail address:

How do you wish to be contacted:

Please note this front page is marked with a number which corresponds to the application number on the form attached hereto. Your personal details and equal opportunities monitoring form will be detached and retained separately for the purpose of short listing, this enables us to monitor applications for the purpose of our Equal Opportunities policy.

Your application and personal details will be retained for a period of 6 months and then destroyed confidentially.

Application Number:
(to be completed by Watson Esam)

EMPLOYMENT DETAILS

Position applied for:
Salary expected:
Have you previously worked for Watson Esam?
How did you hear about this vacancy?
On what date would you be available for work?
Have you any skills, experience or qualifications which you feel would especially suit the job you are applying for?

EDUCATION DETAILS

School(s) Attended	From	To	Examinations & Results
College/University	From	To	Courses & Results

EDUCATION DETAILS CONTINUED

Further Education & Formal Training	From	To	Courses & Results

Professional Membership & Qualifications:

Are you currently undertaking any studies?

If so, please give details of courses and methods of study.

PREVIOUS EMPLOYMENT

Please give details below of any previous employment beginning with the most recent, continuing on a separate sheet, marked with your name if necessary:

Employer:	
Type of business:	
Address	
Type of work & responsibilities:	
From:	To:
Starting salary:	Leaving Salary:
Reason for leaving:	

Employer:	
Type of business:	
Address	
Type of work & responsibilities:	
From:	To:
Starting salary:	Leaving Salary:
Reason for leaving:	

PREVIOUS EMPLOYMENT CONTINUED:

Employer:	
Type of business:	
Address:	
Type of work:	
From:	To:
Starting salary:	Leaving Salary:
Reason for leaving:	

Employer:	
Type of business:	
Address:	
Type of work:	
From:	To:
Starting salary:	Leaving Salary:
Reason for leaving:	

May we contact any of the above employers?	YES/NO
If no, which ones do you not wish us to approach:	
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EQUAL OPPORTUNITY MONITORING

This Practice is committed to upholding equal opportunities in employment, the service it offers to its clients and its dealings with others.

To help us monitor our commitment we ask you to give us some information about yourself below. This information will be kept separately from your job application and will in no way affect the treatment of that application.

Please note ethnic origins are not about nationality, place of birth or citizenship. They are about colour and broad ethnic groups and UK citizens can belong to any of the groups indicated.

Please tick the one which you feel applies to you:

1. ETHNIC ORIGIN

White		Indian		Irish	
Black African		Pakistani		Turkish	
Black Caribbean		Bangladeshi		Greek	
Black other Please specify:		Chinese		Other Please specify:	

2. GENDER

Male		Female	
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3. DISABILITY

Do you have a disability? YES/NO	Are you registered disabled? YES/NO
If so, what is the nature of your disability?	
If you have a disability please tell us about any adjustments that may need to be made to assist you in an interview.	

4. Date of Birth:
5. How did you hear about this job?

Please return this form to us together with your application.