

# Confidential Application for Employment (Full Time) ACCOUNTS ADMINISTRATOR

## Section 1 - Personal Details

Surname:	Forename(s):
Address:	Telephone: Day: _____ Mobile: _____ Evening: _____
Post Code:	Date of Birth:
National Insurance No:	

## Section 2 - Employment Details

Position Applied For:
If offered this position, will you work in any other capacity?
What Date will you be available to start work?
Would you be prepared to work Overtime?

## Section 3 - Health

Are you in good general health? If No please state medical condition.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you visited your doctors in the last 2 years? If Yes please give details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you receiving any medical treatment? If yes, please state what?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any form of disability? If Yes please give details of how we can help you overcome these limitations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please list any absence from work in the past 12 months and state the reasons for them.		



## Section 4 - General Information

Do you hold a current Driving Licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, do you have any Endorsements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details		
Please note any criminal convictions except those 'spent' under the Rehabilitation Of Offenders Act. If you have none please state 'None'.		
Are you a UK or European Union National?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you are not please attach the relevant documentation stating your eligibility for employment in the U.K.		

## Section 5 - Hobbies and Interests

Please give details of hobbies and interests:
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## Section 6 - Education

School/College/University	Date	Qualifications (Subjects and Results)

Please state any skills you have, or courses you have attended relevant to the position you have applied for:

## Section 7 -Skills / Experience

In order for us to gauge your experience please answer following questions to the best of your ability. Although experience in all aspects is not necessarily essential, it gives us an idea of what training will be need to be given.

Are you experienced in bookkeeping? Yes  No

Are you computer literate? Yes  No

Do you have a sound knowledge of Sage Accounts? Yes  No

Do you have a sound knowledge of Sage Payroll? Yes  No

Are you used to dealing with wages & cash reconciliations? Yes  No

Do you have experience of compiling cash flows? Yes  No

Do you have experience of compiling budgets? Yes  No

Do you have experience of compiling Management Accounts? Yes  No

Do you have experience of stock taking /compiling stock reports Yes  No

Do you have any experience of till systems e.g. CHIPS Yes  No

If yes, please give details: \_\_\_\_\_

Do you have any experience of membership systems e.g. GCGOLD Yes  No

If yes, please give details: \_\_\_\_\_

Do you have experience of doing bank reconciliations Yes  No

Do you have any experience of Company online banking Yes  No

Additional information: \_\_\_\_\_

\_\_\_\_\_

**Section 8 - Work History** Voluntary, Unpaid, etc (Starting with most recent)

Name & Address of Employer:	Name & Address of Employer:
Telephone:	Telephone:
Starting/Leaving Dates:	Starting/Leaving Dates:
Rate of Pay:	Rate of Pay:
Job Title:	Job Title:
Title of Supervisor/Manager:	Title of Supervisor/Manager:
Details of Duties/Responsibilities:	Details of Duties/Responsibilities:
Reason for Leaving	Reason for Leaving
Name & Address of Employer:	Name & Address of Employer:
Telephone:	Telephone:
Starting/Leaving Dates:	Starting/Leaving Dates:
Rate of Pay:	Rate of Pay:
Job Title:	Job Title:
Title of Supervisor/Manager:	Title of Supervisor/Manager:
Details of Duties/Responsibilities:	Details of Duties/Responsibilities:
Reason for Leaving	Reason for Leaving

*If required, you may add additional information using A4 white paper and black ink.*

Please state any reason for any gap in Employment	
Have you ever worked for this Company before?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, please give details including dates

### Section 9 - References

Please give the details of two people to whom we may contact for references (one of which should be your last or current employer. If you do not want us to contact them, unless we offer you the position please tick the box.

Name:	Name:
Position:	Position:
Name of Company:	Name of Company:
Address:	Address:
Telephone Number:	Telephone Number:
Length of Time Known:	Length of Time Known:

### Declaration

It is understood and agreed that any misrepresentation by me on this application form will be sufficient cause for cancellation of this application and/or termination from the employer's service if I am employed.

I give the employer the right to investigate all of the references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organisations for furnishing such information.

Applicant's Signature ..... Date / /