

BLYTHE FINANCIAL LTD, JOB APPLICATION FORM

POSITION APPLIED FOR:

Please complete this Application Form in block capitals

A: Personal Details

Title: Mr/Mrs/Miss.....

Surname:

Address:
.....
.....
Postcode:

Maiden Name:
Any other Previous Name:
Forenames:
Date of Birth:
Smoker: YES / NO

Do you require an Isle of Man Work Permit: Yes/No

Home Tel No:
Business Tel No:
(Are we able to contact you at work Yes/No)
Mobile Tel No:e-mail:

How did you become aware of this vacancy?

If appointed, earliest date available to commence:

Dates and times when you are unable to attend for interview:
.....
.....

B: Health & Disabilities

Are you Registered Disabled? Yes / No
If Yes please give Registration No:.....
And Nature of your Disability:.....

Eyesight: Excellent / Good / Poor
Do you wear: Spectacles/Contact Lenses/Neither

Are you prepared to undergo a medical examination? Yes / No
How many days have you had off from work due to illness in the last two years?.....
On how many separate occasions where you absent?.....

C: Driving Record

Are you a car owner? Yes / No
Current Driving Licence: Provisional / Full /None
Driving Licence Valid from:to:
Have you ever been disqualified from driving?: Yes / No
If 'Yes' please provide details:
.....

Disqualification details :.....
.....
.....
Details of Current Endorsements:
.....
.....

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I: REFERENCES

Please provide details of 2 referees who we may approach with regards to this Job Application. These referees must not be members of your family, and one must be your present or most recent employer:

(1) Name :
Address:
.....
Telephone No:Occupation:

(2) Name:
Address:
.....
Telephone No:Occupation:

Your present employer will only be contacted if the position is offered.

J: DECLARATION BY JOB APPLICANT

ANY PERSON, UPON SUBSEQUENT EMPLOYMENT, THAT IS FOUND TO HAVE KNOWINGLY SUPPLIED FALSE OR MISLEADING INFORMATION, OR HAS DELIBERATELY WITHHELD RELEVANT INFORMATION, WILL BE SUMMARILY DISMISSED

I have read and understood the information supplied to me in relation to this Job Position, and the information requested in this Job Application Form. I confirm that all information supplied by me is true and correct to the best of my beliefs.

I give the prospective employer the right to follow up all references and to make any other job-related enquiries as may be deemed necessary.

I understand that if the Job Position is offered to me I may be required to undergo further vetting by the Isle of Man Financial Supervision Commission and that any such offer is dependent upon a satisfactory outcome to the enquiries of Blythe Financial Limited and those of the Isle of Man Financial Supervision Commission.

Signature..... Date.....

Blythe Financial Limited is licensed by the Financial Supervision Commission of the Isle of Man. Registered with the Insurance and Pensions Authority in respect of General Business. Blythe Financial Limited is the data controller of the information you provide. We may contact you (by post, telephone, email or otherwise) in connection with your application for the Job Position and may hold your details for any future positions that may become available. Please contact us if you do not wish to receive any further information from Blythe Financial Limited.