

VACANCY APPLICATION FORM

Thank you.

We appreciate you taking the time to complete this form. Answering the following questions honestly will help us accurately assess your capabilities in order to provide tailored support and training if and where required. If anything changes after you fill in this questionnaire, please let us know as soon as possible.

Your Details:

| | | |
|------------|---|----------------|
| Title: | <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> MISS <input type="checkbox"/> OTHER _____ | |
| Full Name: | | |
| Address: | | |
| Contacts: | Telephone Number: | Email Address: |

Current Employment:

| | |
|---------------------|--|
| Current Occupation: | |
| Current Salary: | |

More Information About You:

| | | | |
|---|--|---|--|
| Do you have/require a permit to work in the UK? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Do you have a valid UK driving licence? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|--|---|--|

| | |
|--|--|
| Vacancy of interest: | |
| Which region: | <input type="checkbox"/> LINCS <input type="checkbox"/> NTH LINCS <input type="checkbox"/> NE LINCS <input type="checkbox"/> STH YORKS <input type="checkbox"/> E RIDING |
| Earliest Start Date: | |
| Have you applied to us before? <input type="checkbox"/> YES <input type="checkbox"/> NO | If YES give details: |
| Please give brief details of why you feel you would be suitable for such a position: | |

| | |
|---|---|
| List five words that describe your character: | |
| Number the options in order of importance: | 1 being the highest ranked, 3 the lowest <input type="checkbox"/> MONEY <input type="checkbox"/> CAREER PATH <input type="checkbox"/> QUALITY TIME |
| Who or what inspires you? | |
| What kind of management would get the best out of you? | |
| What do you want out of your career? | |
| Where did you hear about Lovelle Estate Agency? | |
| Additional comments: | |
| CV attached: | <input type="checkbox"/> YES <input type="checkbox"/> NO |

All information provided is accurate to the best of my knowledge.

SIGNED:

DATE:

