

# EMPLOYMENT APPLICATION FORM



CONTACT CENTRE SERVICES

Position Applied for: \_\_\_\_\_

Please complete this form as fully as possible for the purposes of our recruitment process. The information you provide will be treated as Strictly Confidential and will be accessed by Human Resources and potential line managers.

Part of The BGL Group

Where did you learn of this vacancy? \_\_\_\_\_

Surname \_\_\_\_\_ Forenames \_\_\_\_\_

Previous Surname \_\_\_\_\_

Title Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

Do you have friends or relations who are employed with FUSION or the BGL Group? If yes, please give names.

Home Address \_\_\_\_\_

Post code \_\_\_\_\_

Home Tel No. \_\_\_\_\_

Work Tel No. \_\_\_\_\_

Mobile \_\_\_\_\_

e-mail \_\_\_\_\_

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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you made any previous applications to the BGL Group for employment? Give details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SKILLS

Typing Ability/Keyboard Skills \*None/Fair/Good (\*delete as appropriate) WPM (if known)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Computer Systems Use

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Foreign Language(s) Basic/Conversational/Fluent (State Fluency)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Please note

FUSION is interested in what you can do, not what you can't - we will evaluate you on your abilities. Any application submitted to us will be treated equally and with respect, regardless of age, gender, sexual orientation, disability, race, colour or religion.

IN TOUCH WITH PEOPLE



FUSION Contact Centre Services Limited is a trading name of BISL Limited, (Registered in England No.3632590). Registered Office: Pegasus House, Bakewell Road, Orton Southgate, Peterborough PE2 6YS.

A533/07/07/0.2

# EMPLOYMENT HISTORY OR ATTACH A FULL CV

Please give your full employment history for the last 10 years, including any periods where you were not employed.

From	To	Name and Address	Position held incl. responsibilities	Reason for Leaving	Final Salary
1.					
2.					
3.					
4.					
5.					

Please continue on a separate sheet of paper if necessary

## EDUCATION (FULL/PART TIME OR ANY OTHER COURSES ATTENDED)

It is our policy to verify qualifications where relevant to the nature of the position offered.

From	To	Name and Address of School College or University attended	Grades/Certificates or Degrees obtained and dates

## EMPLOYMENT REFERENCES

By submitting this application, you confirm your consent to us approaching the employment referees provided.

Current/Most Recent Employer	Other Reference (preferably previous employer)
Name _____ Title _____	Name _____ Title _____
Position _____	Position _____
Organisation/Company _____	Organisation/Company _____
Address _____	Address _____
_____	_____
_____	_____
Post code _____	Post code _____
Tel. No. _____	Tel. No. _____
Fax No. _____	Fax No. _____

## IMPORTANT INFORMATION AND DECLARATION

The BGL Group is the data controller in relation to all personal data, including sensitive personal data, which you provide in connection with your application for employment. We will process your data for the purposes of employee administration, including the consideration of this application for employment. The BGL Group is also required by the Financial Services Authority to ensure that its employees are of good character and are able to perform their job, and it is our policy to complete credit references where appropriate.

If your application is unsuccessful, we will keep your information for a reasonable period of time in line with legal requirements and for administration purposes. We may also contact you if other job opportunities arise in the future which we think may be suitable for you. If you do not wish to be contacted for this purpose then please tick this box.

By signing you indicate your explicit consent to the BGL Group and its subsidiary and associated companies to process your personal data, including sensitive personal data, for the purposes set out above. You also certify that all the information you have given is true, complete and accurate, and acknowledge that if any information you have given is incorrect, incomplete or misleading, this may lead to withdrawal of any offer of employment or dismissal without notice if you have commenced work.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

The BGL Group is an Equal Opportunities employer and is committed to providing a work environment which is open to all and to respond, as appropriate, to the needs of people with disabilities.

Any adaptations or modifications required as a result of disability to ensure a safe working environment will be considered after the formal interview process.

## HEALTH DECLARATION

Do you consider yourself to be disabled in accordance with the Disability Discrimination Act of 1995? Yes  No

If yes, please indicate the nature of your disability by ticking the appropriate box below.

I have dyslexia  I am deaf/hard of hearing

I am blind/partially sighted  I am a wheelchair user/have mobility difficulties

I have a disability not listed above, including   
such conditions as diabetes, epilepsy, asthma, etc (please specify).

## PREVIOUS SICKNESS RECORD

In the last 2 years, how many days have you been absent from work, training or education through illness?  days.

If more than 16 days, please explain further.

Have you had any periods of hospitalisation or prolonged illness requiring regular medical treatment in the last 10 years?

Yes  No

If yes, please explain further.

Are you presently undergoing medical observation or treatment?

Yes  No

If yes, please explain further.

## LEGAL ISSUES

As we are regulated by the Financial Services Authority, we have a responsibility to make sure that our employees are of good character and able to perform their job. To do this, our policy is to complete credit references where we consider it appropriate for the job. By signing the declaration overleaf, you are agreeing to a credit reference being taken now or at any time during your employment if this is required.

National Insurance No. \_\_\_\_\_

Nationality. \_\_\_\_\_

Do you have the right to work in the UK? Yes  No

Do you need a work permit? Yes  No

Do you hold a current full UK driving licence? Yes  No

Have you ever been dismissed from employment or is any dismissal pending? Yes  No

If yes, please give details.

Have you ever been convicted of any criminal offence that is not treated as 'Spent' under the Rehabilitation of Offenders Act 1974? If yes, please state date of conviction(s) and nature of offence(s). Yes  No

Please note that only relevant convictions will be taken into account so disclosure need not necessarily be a bar to obtaining employment.

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Have you ever had any County Court Judgements registered against you? Yes  No   
If yes, please give full details and confirm whether the Judgements have now been satisfied.

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Have you lived at your current address for more than 3 years? Yes  No   
If no, please give details of your previous address.

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Have you ever had a Bankruptcy Order made against you or have you ever entered into an Individual Voluntary Arrangement with your creditors? Yes  No   
If yes, please give full details.

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Are you currently experiencing difficulties in repaying any debts or managing your financial affairs? Or have you experienced any such difficulties in the last 3 years? Yes  No   
If yes, please give full details

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Have you ever had an application/approval/authorisation to transact business in the financial services sector refused or revoked?  Yes  No   
If yes, please give full details.

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By signing this, you acknowledge that you have read and signed the 'Important Information and Declaration' section.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## EQUAL OPPORTUNITIES

The BGL Group is committed to providing equal opportunity. Please indicate your Ethnic Origin.

White	Mixed	Asian or Asian British	Black or Black British	Chinese or other ethnic group
English <input type="checkbox"/>	White and Black <input type="checkbox"/>	Indian <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	White and Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Black African <input type="checkbox"/>	Other ethnic group <input type="checkbox"/>
Scottish <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Black <input type="checkbox"/>	
Welsh <input type="checkbox"/>	Other Mixed <input type="checkbox"/>	Other Asian <input type="checkbox"/>		
Other White <input type="checkbox"/>				

# FOR OFFICE USE ONLY

Interview Date	Ref No		
Interview Notes			
Action	Reject <input type="checkbox"/>	2nd Interview <input type="checkbox"/>	Other <input type="checkbox"/>
Name of Interviewer _____			

Action if 2nd Interview	
Name of Interviewer _____	
Interview Notes	Date _____ Time _____
Details of Offer _____	Reject Letter Yes <input type="checkbox"/> No <input type="checkbox"/>
Position _____	Department _____
Commencement Date _____	Training Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary _____	Hours _____
Pre-booked Holidays _____	

Reference checked	1st	2nd
Sent to _____		
Date _____		
Received _____		
Date _____		