



**MAPFRE**



Position applied for:

Name of Company you are applying to:

**Please ensure that you answer all questions in the form legibly and accurately. All information will be held in strictest confidence.**

## Personal details

Surname: (Mr / Mrs / Ms / Miss / Other)

Forename(s):

Do you have any other name you may be known as?

National Insurance Number:

Telephone No. (inc Area Code):

Mobile No:

Email:

It may be necessary to obtain a credit check / criminal record check depending on the job role, therefore please indicate all addresses which you have resided over the past 5 years (include dates). Please continue on a separate sheet if necessary.

Current Address:

Post Code:

Date From:

To:

Previous Address:

Post Code:

Date From:

To:

Previous Address:

Post Code:

Date From:

To:

## Employment details

Beginning with the most recent periods of employment, self-employment or unemployment, please provide all details of employment (minimum of 5 years). Do not leave any unexplained gaps, if necessary please continue on a separate sheet of paper and attach to the application form. For periods of self-employment, please state details of your accountant/solicitor.

Present or Most recent Employer:	
Address:	
_____	
_____	
Telephone No. (inc Area Code):	
Dates from:	To:
_____	_____
Job title:	
Main duties and responsibilities:	
_____	
_____	
Name of Line Manager/Accountant:	
Annual salary:	
Reason for leaving:	
Notice period (If applicable):	
Can we contact your current employer now?	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Previous Employer:	
Address:	
_____	
_____	
Telephone No. (inc Area Code):	
Dates from:	To:
_____	_____
Job title:	
Main duties and responsibilities:	
_____	
_____	
Name of Line Manager/Accountant:	
Annual salary:	
Reason for leaving:	
_____	
_____	

Previous Employer:	
Address:	
_____	
_____	
Telephone No. (inc Area Code):	
Dates from:	To:
_____	_____
Job title:	
Main duties and responsibilities:	
_____	
_____	
Name of Line Manager/Accountant:	
Annual salary:	
Reason for leaving:	
_____	
_____	

Previous Employer:	
Address:	
_____	
_____	
Telephone No. (inc Area Code):	
Dates from:	To:
_____	_____
Job title:	
Main duties and responsibilities:	
_____	
_____	
Name of Line Manager/Accountant:	
Annual salary:	
Reason for leaving:	
_____	
_____	

Please outline any relevant skills and experience that may assist your application:

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\_\_\_\_\_

Please continue on a separate sheet of paper if necessary

## Education details

You may be required to provide documentary evidence of qualifications gained.

Name and Address of School/College/University (please include full address)	Examinations and Qualifications obtained (please state grades/qualification received)	Date
Professional or other qualifications/memberships:		

Have you attended any course(s) relevant to your application? If yes, please provide details.

Course	Date	Qualification (if applicable)

## Employment Referees

Please provide two employment referees to whom we may contact for references.

Present or Most recent Employer

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone No. (inc Area Code): \_\_\_\_\_

Occupation: \_\_\_\_\_ E-mail (If known): \_\_\_\_\_

\_\_\_\_\_

Previous Employer

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone No. (inc Area Code): \_\_\_\_\_

Occupation: \_\_\_\_\_ E-mail (If known): \_\_\_\_\_

\_\_\_\_\_

Please tick if you give your permission for the Company to contact the above referees prior to any offer of employment

## Authorisation

Have you ever had, or do you currently have any pending cases or existing County Court Judgements? If yes, please give details:

Yes  No

Have you ever been involved in Bankruptcy proceedings? If yes, please describe and detail outstanding debt(s):

Yes  No

Subject to the Rehabilitation of Offenders Act 1974, have you ever been convicted of a criminal offence (please include any driving offence). You need not detail any spent convictions (unless related to any offence of fraud or dishonesty), but should include any pending criminal process. If yes, please provide details (date of offence and sentence):

Yes  No

Are you free to remain and take up employment in the UK with no current immigration restrictions? (Please note you will be asked to provide documentary evidence of this at interview stage)

Yes  No

Do you hold a full, clean driving licence valid in the UK? (Please tick if relevant to the position applied for)

Yes  No

If you were offered employment with the Company, would this be your only job? If no, please provide details:

Yes  No

Do you have any holidays booked? If yes, please specify dates:

Yes  No

How did you first hear about our Company?

Company Website  InsureandGo Employee  MAPFRE Employee  TCS Employee   
Newspaper  Internet  Agency  Job Centre  Other

Name of employee or agency (if applicable):

Do you have any relatives employed by Mapfre, InsureandGo or Travel Claims Services?

Yes  No

If yes, please state the relationship: \_\_\_\_\_

## Declaration

I understand that should I be offered a position with the Company, my employment will be subject to receipt of satisfactory references, eligibility to work in the UK and a Criminal Record Check/Credit Check (if applicable). I hereby agree that the information supplied to you on this form may be stored and used under the Data Protection Act. I declare that all the information given in this application is true and complete and I give my explicit consent to the Company to obtain references from previous employers, accountant/solicitor, schools/colleges and character referees as stated on this form or advised verbally. I agree that any false declaration made by myself in this application may jeopardise my employment with the Company.

Signed:

Date:

**We normally keep application forms for no longer than 12 months. Please tick the box if you do not want us to keep your application form**

**Once you have completed and signed this form, please return it to the relevant address:**

**Insure & Go Insurance Services Ltd / Travel Claims Services Ltd**

Human Resources Department, 3rd Floor, Maitland House, Warrior Square, Southend-on-Sea, Essex SS1 2JY

**MAPFRE Assistance**

Human Resources Department, ALPHA HOUSE, 5th Floor, 24A Lime Street, LONDON, EC3M 7HS

**MAPFRE Abraxas**

Human Resources Department, Units 1 & 2 Buckingham Court, Beaufort Office Park, Almondsbury, Bristol, Avon, BS32 4NF

**Thank you for taking the time to complete this application form.**

**We are committed to being an equal opportunities employer and confirm that your application will be considered based solely on merit, qualifications, experience and ability which is relevant to the vacant position.**

# Equal opportunities monitoring form

The Company is committed to being an equal opportunities employer. This form is intended to ensure fairness and consistency when recruiting and selecting candidates for job opportunities within the Company, and to ensure that candidates are not discriminated against or receive less favourable treatment on the basis of age, disability, gender, gender re-assignment, race, nationality, sexual orientation and religion.

This information is solely for monitoring purposes to ensure that we abide by legislation requirements, and to encourage the effectiveness of equality and diversity in the workforce.

The Company will ensure that individuals are treated with respect and dignity, and that we select the right candidate based solely on merit and experience which is relevant to the vacant position.

The information will be collated, recorded and stored under the Data Protection Act in accordance with our equal opportunities policy, and will not be made available for any other use.

Please note this sheet will be detached before your application is considered, as it does not form part of the selection process, and it will be retained by Human Resources purely for monitoring purposes.

Position applied for:

Nationality:

Age Group:

16-25  26-35  36-45  46-55  56-65  Over 65

Gender: Are you Male  Female  Prefer not to say

If you are undergoing the process of gender reassignment, please tick the box that applies to your future gender

Please select the category that best describes your sexuality:

Heterosexual  Gay man  Gay woman/lesbian  Bi-sexual  Transgender  Prefer not to say

Ethnic Origin: (please describe your ethnic background by ticking the relevant box)

White: British  Irish   
Any other White background, please specify:

Mixed: White & Black Caribbean  White & Black African  White & Asian   
Any other Mixed background, please specify:

Asian: Indian  Pakistani  Bangladeshi   
Any other Asian background, please specify:

Black: Caribbean  African   
Any other Black background, please specify:

Chinese:   
Any other Chinese background, please specify:

Other Ethnic background, please specify:

I do not wish to provide this information

How would you describe your religion or belief? My religion or belief is:

I have no religion or belief  Prefer not to say

## Disability

The act defines disability as: 'a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'. Long-term means has lasted, or is likely to last, at least 12 months.

Do you consider yourself to have a disability as defined by the Equality Act?

Yes  No

If you ticked yes, please identify the type(s) of impairment you have by ticking all that apply to you:

Physical impairment

Sensory impairment

Long standing illness or health condition

Learning disability

Mental Health Condition

Other (please specify)

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