

## Employment Application Form

Thank you for your interest in applying for a role at FRBall Insurance Ltd. Please return this form to: (Private & Confidential) Tracey Burns, FRBall Insurance Ltd, 56 Frogmore Street, Abergavenny, NP7 5AR or e-mail to: [tracey@frball.com].

Please refer to the Company's Fair Processing Notice for Applicants found at [www.frball-insurance.com](http://www.frball-insurance.com) for information on how your personal data will be processed. The Company will also process data in accordance with its Data Protection Policy and Record Keeping and Retention Period Policy.

### SECTION 1: PERSONAL DETAILS

Position applied for:	
Location:	
How were you aware of the position? E.g. job board, social media advert	

Forename(s):	
Surname:	
Telephone number/mobile (home):	
E-mail:	
Address line 1:	
Address line 2:	
Address line 3:	
Address line 4:	
Postcode:	

Do you have any relatives or know anyone working for the company? If yes please tell us the relatives name(s) and relationship(s)	Yes / No
<i>If the position you are applying for requires you to drive:</i>	
Do you hold a current full driving licence?	Yes / No
Do you have any current endorsements on your licence? If yes, please provide details:	Yes / No
Do you have the legal right to work in the UK?	Yes / No

## SECTION 2: EMPLOYMENT HISTORY

Please complete all relevant information below:

Name and address of current/most recent employer:	Date of joining (month/year):  Reason for leaving:  If you are no longer employed, please give date of leaving (month/year):
Business type:  Position held:  Notice period:	Brief details of salary and employee benefits (i.e. pension details, medical insurance, car, bonus):
Brief description of responsibilities:	

**Previous Employers – please continue on a separate sheet if required:**

Name and address of employer:	Date of joining (month/year):  Date of leaving (month/year):  Reason(s) for leaving:
Position held and brief description of responsibilities:	

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Position held and brief description of responsibilities:	



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Date of joining (month/year):

Date of leaving (month/year):

Reason(s) for leaving:

Position held and brief description of responsibilities:

### SECTION 3: EDUCATION, TRAINING and OTHER PROFESSIONAL QUALIFICATIONS

*Please complete all relevant information below:*

Educational establishment:	Subject/Qualification(s) and grade(s):

Insurance Qualifications :	Progress:

Professional body and membership number (if applicable):	
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Are you familiar with Acturis?

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Do you have a Pipeline?

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What Insurance products have you been exposed to, including premium size?

#### SECTION 4: RELAXATION, ENJOYMENT, WELLBEING

*What are you interested in?...*

#### SECTION 5: PROFESSIONAL ASPRATIONS/ PROFESSIONAL ACHIEVEMENTS

*Biggest professional achievements...*

#### SECTION 6: REFERENCES

The Company will require receipt of at least two satisfactory references including from your current employer, previous employer(s) and/or educational establishments. If you are applying for a role applicable to the Senior Manager and Certification Regime (formerly Approved Persons), you will be required to satisfy regulatory references covering the last six years.

The Company will determine whether the references are considered satisfactory and where applicable, using FCA guidance. After a conditional offer of employment is made the Company will obtain your written consent before approaching your referees.

Referee name:	Company/education name and address:
Job title (if relevant):	
Relationship:	
Telephone:	E-mail address:

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## SECTION 7: ADDITIONAL INFORMATION

*Please provide a supporting statement detailing how your knowledge, skills and experience would apply to the role you are applying for. Don't forget to include your strengths and weaknesses and please include why you would like to be considered for a job at FR Ball Insurance....*

## SECTION 6: FINANCIAL CONDUCT AUTHORITY REGULATION

Recruitment candidates should be aware that there are additional employment checks required before and during employment which may preclude certain candidates with adverse criminal, credit or employment histories.

Individuals in roles applicable to the Insurance Distribution Directive (IDD) are required to be of 'good repute' and a criminal records check (DBS or other national equivalent) and credit check will be required.

Individuals in roles applicable to the Senior Managers and Certification Regime (formerly Approved Person) will be subject to a comprehensive set of further checks to ensure the 'fit and proper' requirements specified by the FCA are satisfied.

The checks required will be specified in the conditional offer of employment.

Should you have any questions regarding any pre-employment checks please contact the recruiting manager.

## SECTION 7: DECLARATION

***Please read this information and declaration carefully before signing.***

Information from this application will be processed for the purposes of recruitment and selection. The Company treats personal data collected during the recruitment process in accordance with the Data Protection Act 2018. Information about how personal data is used and the basis for processing your data is provided in the Company's Fair Processing Notice for Applicants, held in the company website, [www.frball-insurance.com](http://www.frball-insurance.com)

Please note if an offer of employment is made, this will be subject to a number of conditions outlined to you that must be satisfied. This may include but is not limited to receipt of satisfactory references, eligibility to work legally in the UK, proof of relevant qualifications, satisfactory completion of a credit check and criminal records check and a fit and proper assessment. The Company will obtain your consent first before approaching any third parties to undertake pre—employment checks.

### **Applicant declaration:**

I declare that the information I have given in this application is to the best of my knowledge complete and correct. I understand that any false or misleading information may result in withdrawal of an employment offer or dismissal.

I understand that any future offer of employment is subject to the satisfactory completion of pre-employment checks and if I refuse or withdraw my consent for the checks to be completed, I am aware that my refusal may result in the job offer being withdrawn.

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

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

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