

AML (the "Company")

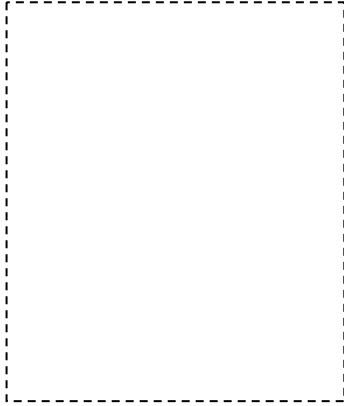
St James Chambers
64a Athol Street
Douglas
Isle of Man
IM1 1JE



Employment Application

PRIVATE & CONFIDENTIAL

Please print in CAPITAL LETTERS. YOU MUST COMPLETE ALL PARTS OF THE FORM and return to AML

APPLICANT INFORMATION					
Title		First Name		Surname	
Street Address					
Town/City		County		Postcode	
Home No		E-mail Address			
Mobile No		National Insurance No		Date of Birth	
Position Applied for / Job Title:					
Are you an EU National? See notes below.	YES <input type="checkbox"/> ¹	NO <input type="checkbox"/> ²	Please affix passport photo (digital photos are acceptable) 		
Current Driving Licence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Details of Endorsements:					
If not, do you have valid entitlement to work in the UK?	YES <input type="checkbox"/> ¹	NO <input type="checkbox"/> ²			
Status	Single	Married	Divorced/Separated	Widowed	

¹ If you are a national of any of the following countries you MUST inform us so that we can ensure you are properly registered under the Worker Registration Scheme with the Home Office: Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia or Slovenia.

² I am not an EU National and I enclose copies of (a) my work permit or other approval issued by Work Permits UK, and (b) a relevant document confirming my authority to stay in the UK and take the work in question. (A relevant document must either be a passport, other travel document or letter issued by the Home Office).

RELEVANT SKILLS/QUALIFICATIONS

Skills:

Qualifications:

EMERGENCY CONTACT INFORMATION

Title	First Name	Surname	
Street Address			
Town/City	County	Postcode	
Home Tel No	Mobile		
Relationship			

EMPLOYMENT HISTORY OR ATTACH A CV

From – To	Name & Address of Employer	Job Title & Duties
From - To	Name & Address of Employer	Job Title & Duties
From - To	Name & Address of Employer	Job Title & Duties

REFERENCES

Please advise the names and addresses of two people from whom we may obtain both character and work experience references.

1. Name	2. Name
Address	Address

BANK DETAILS

Bank Name:		Account Number:									
Account Name:		Sort Code:			-			-			
Building Society Ref:											

HEALTH DETAILS

Are you disabled YES/NO. If YES, please give details and specify any special needs in relation to your disability.

Please list any diseases, disorders, allergies, muscular or muscular skeletal injuries from which you have suffered or do suffer.

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

GENERAL

Data Protection Notice

The company will use your information together with other information for employment administration, payroll purposes, marketing and customer services. We will disclose your information to our clients, service providers and agents for these purposes.

By signing this form, you give your consent to the Company processing your information, including sensitive personal data such as health data, whether obtained from you or from another source, for the above purposes. You also consent to our transferring information to countries which do not provide the same level of data protection as the Isle of Man or the UK if necessary for the above purposes. If we do make such a transfer, we will put a contract in place to ensure your information is protected.

If you do not want us to disclose your information for marketing purposes please tick here

You have a right to ask for a copy of your information (for which we charge a small fee) and to correct any inaccuracies. You should make an application to the Company's Customer Service Department, giving 28 days notice.

To make sure we follow your instructions correctly and to improve our service to you through training of our staff, we may monitor or record communications.

DECLARATION (PLEASE READ THIS CAREFULLY BEFORE SIGNING THIS APPLICATION)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give the Company the right to terminate any employment contract offered.
2. I agree that the Company reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report; the law requires us to inform you of our intention to obtain your permission prior to contacting your doctor).
3. I confirm that I have read the Data Protection Notice above and consent to the Company using my personal information, including sensitive personal data, whether obtained from me or another source for appropriate purposes in accordance with the Isle of Man Data Protection Act 2002.

Signed:

Date:

Print Name:

BUSINESS REPLY SERVICE
Licence No, DO 149



**A M Limited
St James Chambers
64a Athol Street
Douglas
Isle of Man
IM86 2AP**

Please cut out this postage paid slip and attach to your envelope
(No need to attach a stamp)



IMPORTANT:

Incomplete applications will cause delays with any Employee awards so please take time to review the requirements carefully. If you have any questions please call our Customer Services team on 0870 0818 111 for assistance.

EMPLOYEE IDENTIFICATION DOCUMENT REQUIREMENTS

You will need to provide all the information asked for before your application can be completed. We can accept certified copies OR original documents.

In order for documents to meet certification requirements, a copy has to be clearly authorised as a true copy of the original by an appropriate person.

Persons who may certify documents include: BANK MANAGER – NOTARY PUBLIC – QUALIFIED ACCOUNTANT – DOCTOR – LAWYER/SOLICITOR – SERVING POLICE OFFICER. NO OTHER PROFESSIONS ARE ACCEPTABLE.

Please provide certified documents as described below. If you are unable to get documents certified please send original documents to AML and we will return them to you the next working day by Special Delivery. Please do not send copies of certified documents.

Each copy of the document must be certified separately and must show clearly:

- the words "Certified as a true copy of the original that I have seen on <DD/MM/YY> and I certify that the photograph is a true likeness of the individual concerned"
- the signature of the certifying person; and
- the company name, address, telephone and membership number (where appropriate) of the certifying person, clearly printed below the signature. It must be possible, from the details provided, to contact the certifying person if necessary.

We require TWO documents from the list below (one of which must be your passport):

A current passport. Any visa pages must also be included.

AND a utility bill or council tax bill dated within the last three months – Please note mobile bills are not acceptable.

OR a bank statement/credit card statement dated within the last three months

THE TEXT BELOW MUST BE WRITTEN ON EACH PAGE OF THE CERTIFIED DOCUMENT

- Certified as a true copy of the original document which I have seen and that the photograph is a true likeness of the individual concerned
- On the _____ Day of _____ 200_____
- Taken at address (including company name)_____
- Signed _____
- Name (Printed) _____
- Professional body, date of birth & Membership Number_____
- Daytime Telephone Number_____

Certified copies of documents must be clear and legible. Photographs must be clear. A 'Care Of' address is not acceptable.

The bill/statement name and address must match with your permanent residential address as stated on the application form.