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POSITION APPLIED FOR: Solicitor

The following information will be treated in the strictest confidence and in accordance with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2018.

PERSONAL

(Please complete this section in BLOCK CAPITALS)

Surname:		First Name(s):	
Address:			
DOB:			
Contact Tel. No:			Mobile Tel No.
Email Address:			
Full Driving Licence:	YES/NO	Endorsements:	YES NO
* If YES, please give further details including dates.			
Are you involved in any activity which might limit your availability to work or your working hours e.g., local government?			YES NO
If YES, please give full details.			
Are you subject to any restrictions or covenants which might restrict your working activities?			YES NO
If YES, please give full details			
Are you willing to work overtime and weekends if required?			YES NO
Please give details of any hours which you would not wish to work:			
Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?			YES NO
If YES, please give full details			
If offered employment, you will be required to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination before employment?			YES NO
Have you ever worked for this business before?			YES NO
If YES, please give full details			
Have you applied for employment with this business before?			YES NO
Do you need a work permit to take up employment in the U.K.?			YES NO
How much notice are you required to give to your current employer?			
Have you ever used a case management system?	YES NO	Which ones?	

EDUCATION

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

Please give details of membership of any technical or professional associations:

Please list languages spoken and the level of competence:

EMPLOYMENT DETAILS

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

PRESENT OR LAST EMPLOYER

Are you currently employed? YES/NO

Name of present or last employer:	
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Address:	

Telephone No:	
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Nature of business:	
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Job title and a brief description of your duties:

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Reason for Leaving:

Length of Service:	From:	To:
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Current/ Last Salary	GBP:
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Salary Expectations at MPR:	GBP:
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INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES (e.g. hobbies, sports, club memberships)

SUPPLEMENTARY INFORMATION

Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths.

DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 2018 and in accordance with the General Data Protection Regulation (GDPR) 2018.

Signature:	Date:
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REFERENCES

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? YES NO

Name:	Name:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:
Email:	Email:

SOURCE OF APPLICATION



How did you hear of this vacancy?

Candidate No [For Office Use]:

EQUAL OPPORTUNITIES MONITORING FORM

MPR SOLICITORS LLP are an equal opportunities employer and welcomes applicants from all sections of society. We value diversity. We ask all candidates to complete and return this Equal Opportunities Monitoring Form.

This information will help us to monitor the effectiveness of our recruitment and equality and diversity policy. This information will not form part of your application and will not be seen by the panel shortlisting or interviewing applicants. This information will be held and processed separately to your application and in accordance with the Data Protection Act 2018 and in accordance with the General Data Protection Regulation (GDPR) 2018..

If you choose not to complete this form, your application will not be affected. You may also send this application by separate mail if you wish.

THIS INFORMATION WILL HAVE NO IMPACT ON THE FINAL RECRUITMENT DECISION.

Position applied for	
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In each section listed below, please choose one option by marking 'X' in the appropriate box.

AGE

Age:	D.O.B.:	Prefer not to say	
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DISABILITY

<p>The Equality Act 2010 defines a disability as a physical or mental impairment that has a substantial and long-term adverse on an individual's ability to carry out normal day-to-day activities.</p> <p>Do you consider that you have a disability?</p>					
Yes		No		Prefer not to say	

GENDER

Male		Female	
Is your gender the same now as at birth?		Prefer not to Say?	

MARITAL OR CIVIL PARTNERSHIP STATUS

Married		In a registered civil partnership	
Not married / in a civil partnership		Separated	
Divorced		Widowed	
Prefer not to say			

ETHNIC GROUP

Asian / Asian British		Black / Black British	
Bangladeshi		African	
Chinese		Caribbean	
Indian			
Pakistani			
Other Asian background (please specify)		Other Black background (please specify)	
Mixed Ethnic Group		White	
White and Asian		White British	
White and Black African		White Irish	
White and Black Caribbean			
Other Mixed background (please specify)		Other White background (please specify)	
Other Ethnic Group (please specify)			
Prefer not to say			

SEXUAL ORIENTATION

Bisexual		Homosexual / Gay / Lesbian	
Heterosexual		Prefer not to say	

RELIGION OR BELIEF

Buddhist		Christian	
Hindu		Jewish	
Muslim		No religion	
Sikh		Prefer not to say	
Other religion or belief (please specify)			

DATA PROTECTION

By completing this form, I agree to the organisation holding and processing the data I have provided, for its legitimate business reasons stated above.

Date	
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