

Human Resources	Revision 19	HR 004F
Application Form	Revised	Authorised by

APPLICATION FOR EMPLOYMENT

Confidential Record

This form must be completed fully and honestly. If any sections are not applicable please write "n/a" in the space provided.

INCOMPLETE APPLICATION FORMS WILL NOT BE PROCESSED

If you have received this form electronically and require this form to be posted out to you so you can fill it in more easily, or for it to be submitted in a different format, please contact the HR Manager.

APPLICATION DETAILS							
POSITION APPLIED FOR							
DATE OF APPLICATION							
SALARY REQUIRED							
PLEASE INDICATE CLEARLY	ALL SHIFT PATTERN	NS YOU	ARE PREPARED T	O WORK			
					_		
Day shift (40 hours a week)		time hou	urs (please state ho	ours)			
Evening shift (40 hrs a week)	<u> </u>				•••		
NB The Company reserves th	e right to change shif	ft patterr	ns by serving emplo	oyees with	the req	uired not	ice.
PERSONAL DETAILS FORENAME			SURNAME				
CONTACT DETAILS	Landline		Email				
	Mobile phone						
HOME ADDRESS							
ARE YOU:							
ARE 100.							
	NER LIVING WIT						
DO YOU OWN A CAR?	YES 🗆 N	0 🗆	DO YOU HOLD A CURRENT UK	YES		NO	
			DRIVING LICENCI				
HAVE YOU ANY CURRENT ENDORSEMENTS ON	YES 🗆 N	0 🗆	If yes, please g	give details	:		
YOUR DRIVING LICENCE?							
DO YOU HOLD A CURRENT FORK LIFT TRUCK	YES □ N If yes, please specif	O D	f FI T Certificate he	ld and pro	vida a d	ony of th	10
CERTIFICATE?	valid certificate	y type o	i i Li Gertinicate ne	iu, anu pro	viue a c	opy or a	10
DO YOU HOLD A CURRENT		0 🗆					
FOOD SAFETY If yes, please provide a copy of valid certificate CERTIFICATE?							
LANGUAGES							
DO YOU SPEAK OR READ A FOREIGN LANGUAGE?	YES □ N If yes, give details:	10 🗆					
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EDUCATION & QUALIFICATION	ONS (starting wit	th most recent)			
INSTITUTION (Name & Addres:	s)	DATES TO /FROM		TLE OF AWARD A-level / Degree Etc)	RESULTS (Achieved/Expected)
EMPLOYMENT EXPERIENCE	(starting with mo	ost recent please	use a	separate sheet if there	are more than 3)
COMPANY NAME & ADDRESS					DD/MM/YY
				DATE FROM	
				DATE TO	
JOB TITLE				YEARS OF SERVICE	
DUTIES/ RESPONSIBILITES					
RATE OF PAY					
REASON FOR LEAVING					
					DD/MM/YY
COMPANY NAME &ADDRESS				DATE FROM	
				DATE TO	
JOB TITLE				YEARS OF SERVICE	
DUTIES/ RESPONSIBILITES					
RATE OF PAY					
REASON FOR LEAVING					
COMPANY NAME & ADDRESS					DD/MM/YY
				DATE FROM	/
				DATE TO	
JOB TITLE				YEARS OF SERVICE	
DUTIES/ RESPONSIBILITES					
RATE OF PAY					
REASON FOR LEAVING					
PRE-BOOKED HOLIDAY					
PLEASE CLEARLY STATE THE DATES OF ANY PRE-					
BOOKED HOLIDAY					



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GENERAL						
INTERESTS/HOBBIES						
OFFICES HELD IN						
SOCIAL/SPORTS CLUBS						
ETC						
PUBLIC DUTIES						
UNDERTAKEN						
(local councilor etc)						
	ı continue to work for yourself or					
another employer in any other	capacity? YE	S			NO	
If yes, please give details						
D	P					
	s pending or any criminal convictions					
of the Rehabilitation of Offend	ussed as spent under Section 4(2)	= 0			NO	
of the Renabilitation of Offend	ers Act 1974?	_3	ш		NO	
If Yes, please give details.						
100, piodoo givo dotaiioi						
Are there any restrictions to y	our residence in the UK that might affect you	ır r	ight	to take up er	nploy	ment in
the UK?			•	•		
	YES	;		ı	NO	
16				41 - 11170		
if you are successful in your a	pplication would you require permission to	wo	rk in	tne UK?		
	YES	:	п		NO	
	120		_	'		_
To comply with the Asylum & Immigration Act 1996, documentary proof of your right to work in the UK will						
be required should you be offe				•		
REFERENCES: Please provide	details of two referees, one must be your prese	nt o	or mo	ost recent em _l	ployer	
May we obtain a reference for	m your current or most recent employer befo	ore	а			No.
second interview is arranged.				יט	es/	No□
second interview is arranged.						
	Г					
NAME AND POSITION OF						
NAME AND POSITION OF REFEREE 1				<u> </u>		
NAME AND POSITION OF REFEREE 1 ORGANISATION						
NAME AND POSITION OF REFEREE 1						
NAME AND POSITION OF REFEREE 1 ORGANISATION						
NAME AND POSITION OF REFEREE 1 ORGANISATION ADDRESS TELEPHONE NUMBER AND/OR E-MAIL ADDRESS						
NAME AND POSITION OF REFEREE 1 ORGANISATION ADDRESS TELEPHONE NUMBER AND/OR E-MAIL ADDRESS NAME AND POSITION OF						
NAME AND POSITION OF REFEREE 1 ORGANISATION ADDRESS TELEPHONE NUMBER AND/OR E-MAIL ADDRESS NAME AND POSITION OF REFEREE 2						
NAME AND POSITION OF REFEREE 1 ORGANISATION ADDRESS TELEPHONE NUMBER AND/OR E-MAIL ADDRESS NAME AND POSITION OF REFEREE 2 ORGANISATION						
NAME AND POSITION OF REFEREE 1 ORGANISATION ADDRESS TELEPHONE NUMBER AND/OR E-MAIL ADDRESS NAME AND POSITION OF REFEREE 2						
NAME AND POSITION OF REFEREE 1 ORGANISATION ADDRESS TELEPHONE NUMBER AND/OR E-MAIL ADDRESS NAME AND POSITION OF REFEREE 2 ORGANISATION						



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IF SUCCESSFUL,	WHEN WOULD YOU BE
AVAILABLE TO S	TART?

RECRUITMENT POLICY

It is the company's policy to employ the person best qualified for the position, and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, sex or sexual orientation, marital or civil partnership status, age, religion, disability or any other protected characteristic.

DECLARATION

I authorise the Company to obtain references to support this application **before / only once*** an offer has been made and accepted, and release the Company and referees from any liability caused by giving and receiving information. To the best of my knowledge all the information I have given is true. I understand that any false statement may disqualify me from employment or render me liable to dismissal. * **Delete as appropriate**

The information provided on this form will be used for recruitment and selection purposes only.

Signature	Date	

FOR OFFICE USE ONLY			
DATE RECEIVED: EVALUATED BY:	SHORTLISTED FOR INTERVIEW: YES / NO		
SPECIAL REQUIREMENTS: YES / NO (if yes, details) .			
1 st INTERVIEW	2 nd INTERVIEW		
DATE: TIME:	DATE: TIME:		
INTERVIEWER:	INTERVIEWER:		
Scores – 1= Very Poor, 5= Excellent 1 2 3 4 5 Timekeeping	Engagement		
APPLICANT ADVISED YES / NO	SIGNATURE OF INTERVIEWER:		
IF YES, DATE PASSED TO RECRUITING MANAGER:	HR USE ONLY		
	APPLICANT ADVISED DATE		
SIGNATURE OF INTERVIEWER:	START DATE		