

APPLICATION FORM

POSITION APPLIED FOR: _____

The following information will be treated in the strictest confidence.

Personal - (Please complete this section in BLOCK CAPITALS)

Surname: _____

First name: _____

Address: _____

Postcode: _____

Home telephone number: _____

Mobile telephone number: _____

Email address: _____

Full Driving Licence: **Yes / No** Endorsements in last 6 years: **Yes / No**

If YES, please give further details including dates: _____

Do you have previous driving convictions or have you ever been disqualified from driving?

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 Company before? **Yes / No**

If YES, please give full details: _____

Have you applied for employment with this business before? **Yes / No**

Do you know anyone who has worked for this Company, Past or Present **Yes / No**

If YES, please give full details: _____

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? _____

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:

County Foods

CATERING BUTCHERS

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:

Address:

Telephone number:

Nature of business:

Job title & brief description of duties:

Reason for leaving:

Length of service:

From: _____ to: _____

County Foods

CATERING BUTCHERS

Interests, Achievements, and 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 ongoing personnel administration and payroll administration in compliance with the Data Protection Act 1998. I undertake to notify the Company immediately of any changes to the above details.

Signed: _____

PRINTED: _____

Date: _____

References

Please give the names of two previous employers (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:
Company Name:	Company Name:
Address:	Address:
Tel. No:	Tel. No:

Source of Application

How did you hear of this vacancy? _____