

Employment Application Form

Shakeaway

POSITION APPLIED FOR: _____

The following information will be treated in the strictest confidence.

PERSONAL

(Please complete this section in BLOCK CAPITALS)

Surname:		First Name(s):				
Address:						
			Postcode:			
Contact Tel. No:	Home:	Mobile	Date of Birth:			
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. club or organisations, etc?			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						
Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?			YES/NO			
If YES, please give full details						
You may be required, if offered employment, as part of your Application to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination prior to employment?			YES/NO			
Do you smoke?			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 Company before?			YES/NO			
Do you need a work permit to take up employment in the UK?			YES/NO			
How much notice are you required to give to your current employer?						
What hours are you looking for? Please list the hours you would be regularly available to work. ShakeAway working shifts vary according to our needs, but can be between the hours of 9am and 6:30pm						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Are you seeking Permanent or Seasonal employment?						
If seasonal, between which dates will you be available?						

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 list any foreign languages spoken and the level of competence:

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:	

Reason for Leaving:	
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Length of Service:	From:	To:
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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

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 1998.

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:

SOURCE OF APPLICATION

How did you hear of this vacancy?

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