

1 Neilson Square Deans Industrial Estate Livingston EH54 8R	O Scotland U.K. Tel. 01506 460250 ROI Tel 00 3531872 8386
STORE APPLIED FOR: POSITION APPLIED FOR:	DATE:
TITLE: (Mr/Mrs/Miss/Ms) SURNAME: FORENAME: ADDRESS:	NATIONAL INSURANCE No. PPS No (ROI only):
POSTCODE: EMAIL ADDRESS:	
TELEPHONE No.: MOBILE No.:	
EMERGENCY CONTACT NAME AND ADDRESS:	HAVE YOU PREVIOUSLY BEEN EMPLOYED BY US? (If so where and when?)
TELEPHONE NO.:	
RELATIONSHIP TO YOU:	
PLEASE GIVE THE NAME AND ADDRESSES OF TWO REF 1. YOUR CURRENT EMPLOYER 2.YOUR PREVIOUS EM	
YOUR CURRENT EMPLOYER WILL NOT BE CONTACTED LACCEPTED A POSITION WITHIN OUR COMPANY. IF YOU PROVIDE THE NAME AND ADDRESS OF SOMEONE WHO	HAVE NOT HAD ANY PREVIOUS JOBS, PLEASE
NAME	NAME
ADDRESS	ADDRESS
OCCUPATION	OCCUPATION
HAVE YOU BEEN CONVICTED OF ANY CRIMINAL OFFEN	CE? IF YES, PLEASE GIVE DETAILS.
ARE YOU LEGALLY PERMITTED TO WORK IN THE UK/RO	1?
I	

DO YOU HAVE ANY SPECIAL NEEDS REGARDING DETAILS:	G YOUR WORKING ENVI	RONMENT? PLEASE PROVIDE				
SECONDARY EDUCATION						
NAME AND ADDRESS OF SCHOOL	QUALIFICATIONS AND GRADES OBTAINED					
EUDTUED EDUCATION						
FURTHER EDUCATION NAME AND ADDRESS OF	0011005 -:-: -	211115121512151				
COLLEGE/UNIVERSITY	COURSE TITLE	QUALIFICATIONS OBTAINED				
PLEASE INDICATE ANY POSITIONS OF RESPONSIBILITY YOU HAVE HELD (e.g.school captain/member of professional body)						
PLEASE STATE YOUR MAIN INTERESTS AND HO	BBIES					

WORK EXPERIENCE

PRESENT EMPLOYER			
EMPLOYERS NAME AND ADDRESSES	JOB TITLE AND SALARY	DUTIES AND RESPONSIBILITIES	DATES
PERIOD OF NOTICE REQUIRED?	I	I	I.

WHEN WOULD YOU BE AVAILABLE TO START WORK?

PREVIOUS EMPLOYER/S

EMPLOYERS NAME AND ADDRESSES	DA ⁻ FROM		JOB TITLE AND MAIN DUTIES	REASON FOR LEAVING
ADDICESSES	TROW	10		

ADDITIONAL INFO	ORMATION						
PLEASE USE THIS S AND REASONS WHY					N SUPPORT O	F YOUR APPLI	CATION
	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
HOURS AVAILABLE TO	IVIOIV.	1013.	VVLD.	THUKS.	TKI.	SAT.	3011.
WORK EACH DAY							
WE HOLD COMPUTE YOU ARE GIVING Y BE EMPLOYED BY L DEPARTMENT.THIS	OUR CONSEN JS. IF YOU WI	T TO INFORM SH TO VIEW	ATION ABOUT	T YOU BEING ATION, YOU N	HELD ON REC MAY APPLY TO	ORD SHOULD	
DECLARATION: I U LIABLE TO DISMIS		THAT ANY FAI	_SE STATEME	NT ON THIS A	PPLICATION I	FORM RENDE	RS ME
Signed:			[Date:			
Any job is subject to Due to the large nu has been unsucces.	umber of appli	ications receiv	ved if you do r	not hear from		days your app	olication
TO BE COMPLETED	BY STORE MA	NAGEMENT					
Date of Start				. Job Title			
Dept/Location							
Temporary/Regular	(Please circle))					
CONTRACTED	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
HOURS (STORE MANAGER 1	COMPLETE	DAILY HOUR	S WORKED)				
Bank Name and Ad			,	Accoun	it No		
Is P.45 attached? Y							
IS PROOF OF THE F		RK IN THE UK	(/ROI ATTACH	ED? YES/NO			