



Employment Application Form

TITLE OF POSITION APPLIED FOR: _____

PERSONAL INFORMATION REQUIRED: (information will be treated in the strictest confidence.)

NOTE: Please complete this section in BLOCK CAPITALS

First name(s)			
Surname:			
Address:			
Postcode:			
Email address:			
Contact Tel. No:	Home:	Mobile	

Full Driving Licence:	YES/NO	Endorsements: (delete as appropriate)	*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?			
Are you seeking permanent or seasonal employment? If seasonal – state the date you're available:			
What hours are you looking for? Please list the hours you would be regularly available to work in the table below. ShakeAway working shifts vary according to our needs, but can be between the hours of 8.30am and 8:30pm			

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

SOURCE OF APPLICATION

How did you hear of this vacancy?	
Why are you interested in working for ShakeAway?	

EDUCATION

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training including job related training courses and name of organisation	Date qualified:		Diploma/Qualification/Subject

Please list any foreign languages spoken and the level of competence if not listed above:

SUPPLEMENTARY INFORMATION

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

INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES (e.g. hobbies, sports, club memberships)

EMPLOYMENT INFORMATION:

Are you currently employed?		YES / NO	
Name of present or most recent employer:			
Address:			
Or email address:			
Telephone No:			
Name of business:			
Job title and a brief description of your duties:			
Reason for Leaving:			
Length of Service:	From:		To:

OTHER EMPLOYMENT DETAILS (held before the most recent listed above)

NAME OF JOB TITLE: (List any other job roles you've held not including the one above)	DATES at that job.	NAME AND ADDRESS OF COMPANY	REASON FOR LEAVING

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:
Email address:	Email address:
Tel. No:	Tel. No: