A picture containing logo

Description automatically generated

Employment application form

Please complete this form in black ink

This application form is confidential, any information given on it will not be discussed or divulged outside of the Directors and senior management.

|  |  |
| --- | --- |
| Name:  Name if different at birth:  Date of birth: | Address: |
| Do you have a driving licence? Y/N | Do you have a car? Y/N |
| Do you have a first aid certificate? Y/N | Do you have a hygiene level 2 certificate? Y/N |
| Educational qualifications: | Further education: |
| Employment history:  (please continue on a separate sheet if necessary). | |
| Hobbies & Interests: | |
| Relevant information:  (please tell us why you want to work for our organization and how your experience can be applied to the position advertised). Continue on a separate piece of paper if necessary. | |
| Do you know or are you related to anyone within the company? If yes, please give details below | |
| Have you been employed by WaffleOpolis or Liquor & Loaded before? If yes, please give details below: | |
| Please list any restrictions or commitment that may affect your availability: | |
| How far are you willing to travel to work? | |
| Are you looking for full time or part time hours? If part time, please state the minimum and maximum hours you are looking for. | |
| Are you currently employed? Y/N  How much notice do you need to give? | |
| What would be your dream job? | |
| Where do you see yourself in 5 years? | |
| Health and Welfare:  We take the welfare of our staff very seriously and look to offer support and a suitable working environment. To do this we do need to gather some information in advance. | |
| **\*\*IMPORTANT NOTICE\*\*** We have a zero tolerance to drug taking. We therefore issue random drug tests to staff.  Would you object to taking a drugs test? Y/N  Do you take any prescribed medications that may show up on a test? Y/N | |
| Mental health  Have you now or have you ever had any mental health issues? Y/N  If yes, please give details:  Have you any mobility issues? Y/N  If yes, please give details:  Do you take regular medication? Y/N  If yes, please give details:  If your medication is missed, can it cause an acute problem? Y/N  If yes, please give details:  Please answer the following health questions.  Do you have heart problems? Y/N  Do you take medication for a heart problem? Y/N  Do you have diabetes? Y/N  If yes, is it type I or type II?  Do you have a back problem? Y/N  If yes, please explain in more detail:  Do you have any allergies? Y/N  If yes, please explain in more detail: | |
| Do you have any criminal convictions? Y/N  Please give a brief description. | |
| Please supply two referees, one must be an employer. References from family members are not acceptable. | |
| Referee 1 | Referee 2 |
| I give permission for these referees to be contacted before my interview  I do not give permission for these referees to be contacted before my interview | |
| I confirm that the information I have given on this application form is true. I understand that if any answers are proven to be untrue the employer reserves the right to terminate my position with immediate effect.  Signed: Date: | |