

APPLICATION FORM



Please complete clearly then return this application form to:

Marje Smart - 1 Glebe Gardens, Basseleg, Newport NP10 8QY or email to marjesmart@yahoo.co.uk

Position applied for at

Desired Salary Date available to start work

D	D	M	M	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Where did you see this position advertised?

EMAIL ADDRESS **Male / Female**

If you are not a citizen of the European Community do you have a work permit entitling you to work in the United Kingdom? YES NO N/A Do you speak Welsh YES NO

SURNAME

FORNAME/S

DATE OF BIRTH

DD	MM	YY
<input type="text"/>	<input type="text"/>	<input type="text"/>

NATIONAL INSURANCE NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ADDRESS

POST CODE

Phone no. HOME **MOBILE**

EDUCATION

Name & Address of schools/college	Dates	Courses/Exams Passed	Grade

Have you worked for the company before, if so when, in which area and in what capacity:

Have you any specific experience relevant to a catering environment, please give details:

Do you have any relevant certficates, e.g. First Aid, Hygiene, Health & Safety, what and when achieved.

Please list any additional information you feel may be relevant to your application, e.g. Why you feel we should consider you for the position, why you want to work for us, hobbies & interests etc:

EMPLOYMENT TO DATE

Please list all previous employment. Start with your most recent or present employer

Name & Address	Position Held	Key Duties and Responsibilities	Dates From: To:	Finishing Salary	Reason for leaving

Number of sick days in the last 12 months

REFERENCE DETAILS

These must be from your last employers. If you have only had one job or have not been previously employed, you must provide us with details of your school/college and a contact there or a professional person who would be able to give a personal reference (not a family member or a friend).

Name of Company Address Name of Person to Contact Tel: Position Held held from: to: Name of Company Address Name of Person to Contact Tel: Position Held held from: to: **ETHNIC GROUP**

In accordance with the race relations code of practice, please assist the Company in monitoring its equal opportunity policy by ticking the relevant box. This information will be used for no other purpose

African Asian Afro Caribbean UK European Other European Other **CRIMINAL CONVICTIONS**

Date	Details	Sentence

DECLARATION

I confirm that the information on this form is to the best of my knowledge true and complete. Any false statement may be sufficient cause for rejection, or if employed dismissal.

BANK DETAILS:NAME OF BANK: SORT CODE: ACCOUNT No.

Applicants signature: _____

Date: _____

HR**Any other information that may be relevant to your application:**