

APPLICATION FORM

Barretts of Canterbury is an equal opportunities employer and welcomes applications from people of all races, religions, nationalities, ethnic and national origins whether disabled or able bodied and whatever their age, sex or status providing they meet the minimum criteria for the position.

Please complete in your own handwriting using BLOCK CAPITALS and in black ink. (If you need to type the form or someone else has completed it on your behalf please indicate why.)

POSITION/S APPLIED FOR	REF
WHERE WAS THE POSITION ADVERTISED ?	
HAVE YOU APPLIED FOR PREVIOUS POSITIONS?	YES/NO
(If yes, please state position applied for, the date and whether interviewed.)	
DO YOU NEED A WORK PERMIT TO WORK LEGALLY IN THE UK?	YES/NO
(If yes, please state immigration status.)	

■ PERSONAL DETAILS

LAST NAME	FIRST NAMES	DATE OF BIRTH
ADDRESS		
TELEPHONE	MOBILE	EMAIL
NEXT OF KIN	NAT. INSURANCE No.	
CURRENT CLEAN DRIVING LICENSE?	YES/NO	
If NO, how many points?	What for?	
ARE YOU A SMOKER?	YES/NO	
DO YOU HAVE ANY DISABILITIES WHICH MAY REQUIRE ADJUSTMENT IN THE WORKPLACE?	YES/NO	
(if YES, details)		

■ PRESENT OR MOST RECENT EMPLOYMENT

POSITION HELD	SALARY AND GRADE
EMPLOYER'S NAME	
TYPE OF BUSINESS	
EMPLOYER'S ADDRESS	
POSTCODE	TELEPHONE
SUMMARY OF RESPONSIBILITIES	
DATE APPOINTED	NOTICE REQUIRED
DATE OF LEAVING (if applicable)	REASONS FOR LEAVING (if applicable)

CONFIDENTIAL

NAME: _____ POSITION APPLIED FOR _____

■ PREVIOUS EMPLOYMENT (give details in reverse chronological order - if more space is needed continue on separate page)

POSITION HELD	EMPLOYER	SUMMARY OF RESPONSIBILITIES	DATES		SALARY	REASON FOR LEAVING
			FROM	TO		

■ EDUCATION

SCHOOL/COLLEGE/UNIVERSITY	DATES		QUALIFICATIONS OBTAINED	GRADE	YEAR
	FROM	TO			

■ PROFESSIONAL/VOCATIONAL TRAINING (including short courses)

ORGANISING BODY	COURSE TITLE OR SUBJECT	YEAR	DURATION	QUALIFICATIONS OR EXPERIENCE GAINED

CONFIDENTIAL

NAME: _____ POSITION APPLIED FOR _____

MEMBERSHIP OF PROFESSIONAL BODIES

PROFESSIONAL BODY	DATE	TYPE OF MEMBERSHIP

GENERAL

INTERESTS AND HOBBIES

SICKNESS AND ABSENCE

PLEASE DETAIL SICKNESS ABSENCE IN PAST YEAR (days and reasons) TOGETHER WITH ANY SIGNIFICANT ILLNESSES DURING PAST FIVE YEARS

REHABILITATION OF OFFENDERS ACT 1974

PLEASE DETAIL ANY CRIMINAL CONVICTIONS

REFEREES (one should be your present or last employer)

NAME	NAME
POSITION	POSITION
EMPLOYER'S NAME AND ADDRESS	EMPLOYER'S NAME AND ADDRESS
POSTCODE	POSTCODE
EMAIL	EMAIL
TELEPHONE NUMBER	TELEPHONE NUMBER

References will only be taken up after interview if you are successful and with your permission.

CONFIDENTIAL

NAME: _____ POSITION APPLIED FOR _____

■ EMPLOYMENT EXPERIENCE

Please give brief details of previous employment experience in support of this application including examples of specific achievements.

Demonstrate how you meet the requirements of the post together with your reasons for applying.

■ ADDITIONAL RELEVANT INFORMATION/EXPERIENCE

Please give brief details of other relevant information (other than in relation to employment) in support of this application including examples.

■ DECLARATION

I certify that the statements made and information given in this application are to my knowledge correct and that I have not omitted any relevant information. I also consent to this application form being held in accordance with the Data Protection Act.

■ SIGNED

DATE
