

ZERODEGREES

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire - All Information Confidential

29/31 Montpelier Vale
Blackheath
SE3 0TJ

53 Colston St
Bristol
BS1 5BA

9 Bridge Street
Reading
RG1 2LR

27 Westgate St
Cardiff
CF10 1DD

Personal Information - Please complete clearly in block capitals.

Title: Mr./ Mrs./ Ms./ Miss.	Surname:	First Names:	Date of Birth:
Present Address:			Nationality:
		Post Code:	Marital Status:
Home Telephone No.:	Mobile No.:	National Insurance No.:	
Email:			

Employment Desired

Position Applied for:	Date you can start?	Wage rate desired:	Are you employed? YES / NO	Will this be your Main Employment? YES / NO
If so, may we inquire of your present employer? YES / NO	Have you given your Notice to your current employer? YES / NO	Have you ever applied to this company before? YES / NO	If so when?	
Have you ever been employed by this company or our associate companies before? YES / NO	If so when?		Have you been dismissed or forced to resign from any employment? YES / NO	
Are you registered disabled person? YES / NO	Registered Disable No. & Expiration Date:	Referral Source: <input type="checkbox"/> Walk-in <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Other:		

Employment History - (List below last three employers, starting with most recent employer)

Date/Month/Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

Name and Location of School	Years. Attended	Exams Passed and Grades
Secondary School		
University College		
Other		

Reference - Give below the names of two persons not related to you, whom you have known at least one year.

Name	Address & Telephone Number	Business	Years Know
1			
2			

General

i.e.: Subjects of Special Study, Special Training Skills, BII Qualification, Food Hygiene Course, First Aid, Personal Licence, SIA, etc...:

Criminal Record

Please give details of any criminal convictions except those spent under the Rehabilitation of Offenders Act 1974. If none, please state this. I agree to provide written evidence from the Police, if requested by the company at anytime.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Health details - if none then leave blank or write NONE - I also authorise you to contact my doctor for further details and confirmation of my state of health. I agree to undergo a medical examination if you require this.

Doctor's Name and Address:	
Please list any diseases, disorders or allergies from which you have suffered or do suffer	
Are you afraid of heights or confined spaces? If so please give details.	
Do you suffer from anything that could affect the way you work? Such as back pains, aches, etc...	
Please give details of any medication you are currently &or regularly receiving	
Please list all absences from work in the past 12 months & the reasons for such absences	

Additional Questions

<i>Why are you interested in working for our company?</i>
<i>What strengths would you bring to our company?</i>
<i>What didn't you like about your previous jobs?</i>

I understand that all information provided on this application is subject to verification and a reference check. All the information I have supplied in this application is a true and complete statement of the facts, and if employed, any false statement, misleading information or omission will give my employer the right to terminate any employment at any time.

Data Protection - I give the company permission to collect, digitally archive, retain and process all the information about me. I understand that my employer may share the information contained in this application with the employers' associated companies and with other employees for employment and administrative purposes and hereby consent to such transfer.

Please note on successful application you will be required to produce your National Insurance Card or Passport & P45.

<i>Print Name:</i>	<i>Signature:</i>	<i>Date:</i>
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DO NOT WRITE BELOW THIS LINE

Remarks				<i>Shirt:</i>		<i>Uniform:</i>	
				<i>Apron:</i>		<i>Trousers:</i>	
<i>Neatness:</i>		<i>Character:</i>		<i>Till Key:</i>		<i>Jacket:</i>	
<i>Personality:</i>		<i>Ability:</i>		<i>T-Shirt:</i>		<i>Hat:</i>	

THE BELOW MUST BE FILLED IN, IN ORDER TO PROCESS THIS APPLICATION

<i>P45 / P46 Produced:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Uniform Deposit Entered:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>P45/ P46 Received on:</i>	
<i>Position:</i>	<i>Started on Date:</i>	<i>Base Wage Rate:</i>	<i>Other:</i>
<i>Interviewed By:</i>		<i>Date</i>	

<i>Approved by: 1. _____</i>	<i>2. _____</i>
<small>Employment Manager</small>	<small>General Manager</small>