



APPLICATION FORM

JOB TITLE:

Full time..... Part time..... Evenings..... Weekends.....

PERSONAL INFORMATION

Title	Mr	Mrs	Miss	Ms
Surname	Forename			
Address				
Postcode				
Home Telephone No.				
Mobile Telephone No.				
National Insurance Number				

Do you have a current driving licence	Yes	No
Are you over 18?	Yes	No
(Please note you may be required to sell age restricted goods (eg alcohol,))		
Are you legally eligible for employment in the U.K.	Yes	No

PRESENT OR MOST RECENT EMPLOYMENT

Job Title	Date Appointed
Present Salary £	Notice Required
Employer	
Address	
Postcode	
Describe the main duties of your present job	
Reason for Leaving (If Applicable)	

PREVIOUS EMPLOYMENT

Employer	Position Held and Duties	Reason For Leaving	Dates	To	From

JOB RELATED TRAINING

Give details of any training courses attended: -

(E.g. Basic Food Hygiene, First Aid, Health and Safety or work based NVQ's)

Have you gained experience in any of the following: -

(Please tick relevant boxes)

Till operation	<input type="checkbox"/>	Evening or Weekend work	<input type="checkbox"/>
Shelf filling	<input type="checkbox"/>	Basic I.T experience	<input type="checkbox"/>
Selling age restricted products (eg. Alcohol)	<input type="checkbox"/>	Ordering stock	<input type="checkbox"/>

EDUCATION

School / College Attended	Subject	Grade

HEALTH DECLARATION

Have you attended hospital or had a serious illness in the last 5 years?	Yes	No
If yes, please give details		
Are you currently taking any medication?	Yes	No
If yes, please give details		

ACTIVITIES AND INTERESTS

Give details of any hobbies, interests or clubs of which you are a member