



APPLICATION FOR EMPLOYMENT - CAFE

Please complete this form and return it to the General Manager at the above address.

YOUR PERSONAL DETAILS

First name(s):	<input type="text"/>	
Surname:	<input type="text"/>	
Title (Mr/Mrs/Miss/Ms):	<input type="text"/>	
Present address:	<input type="text"/>	
	<input type="text"/>	
	Post code:	<input type="text"/>
Telephone number (daytime):	<input type="text"/>	<input type="text"/>
Telephone number (evenings):	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	
National insurance number:	<input type="text"/>	

We will need to see documentary proof of your NI number.

GENERAL DETAILS

Position applied for:	<input type="text"/>
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CAFÉ SHIFTS

Our shifts start at 9.00am and finish at 3.30pm. You may be expected to work at any of these times, including Saturdays. These times are indicative, we will agree an exact working schedule with you at the time an offer of appointment is made

Do you hold a current driving licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been convicted of a criminal offence which is not 'spent' under the Rehabilitation of Offenders Act?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What is your present salary?	<input type="text"/>			
How much notice would you have to give?	<input type="text"/>			

EDUCATION

Please give details of schools/colleges attended from the age of 11 onwards.

Name of school/college	From	To	Subject and Grade eg GCSE O/A level*

* If you have completed a qualification in higher education, you need only write the number of GCSE/O/A levels achieved.

If you have any other qualifications which you feel may be relevant to your application, list them below.

Please give your previous work experience below starting with your most recent position.

Employer	Job Title/Position	From	To	Reason for leaving

OTHER SUPPORTING INFORMATION

Do you take part in any activities or hobbies that may support your application? You may also wish to add other information in support of your application relating your experience to the post. If so, please attach a separate sheet, clearly headed with your personal details.

OTHER INFORMATION

Have you ever left a job because of ill health? Yes No

Do you consider yourself to have a disability? Yes No

Please give your date of birth:

REFERENCES

You should complete **two of the three sections**. If you have work experience, you should complete **PERSONAL** and **EMPLOYER**. If you have no previous work experience, you should complete **PERSONAL** and **SCHOOL/COLLEGE**.

PERSONAL	EMPLOYER	SCHOOL/COLLEGE
Name:	Name:	Name:
Home address:	Company address:	School/College address:
Daytime telephone no:	Daytime telephone no:	Daytime telephone no:

DECLARATION

I confirm that the information given on this application form is correct to the best of my knowledge and that the information may be used for registration purposes under the Data Protection Act 1998. I understand that any engagement entered into is subject to a probationary period, satisfactory references and documentary evidence of my NI number.

Any false information provided in support of your application could lead to disqualification or dismissal after employment.

Signature:		Date:	
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Application notes – do not write in this box:
