

APPLICATION FORM

Please return this completed application form to:

LOUISE LEWIS



Louise@capitalcuisine.co.uk

Position applied for: at

Desired Salary Date available to start work

Where did you see this position advertised?

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 Do you speak Welsh? YES NO

SURNAME Male/Female

FORNAME/S

DATE OF BIRTH NATIONAL INSURANCE NO.

ADDRESS

EMAIL POST CODE

Phone no. Home Mobile

Are you registered disabled? YES NO If yes, registration number

You need to select only one of the following statements A, B or C

- A This is my first job since last 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension.
- B Allowance, Employment and Support Allowance or taxable Incapacity Benefit. This is now my only job but since last 6 April I have had another job, or received taxable Jobseeker's, I do not receive a State or Occupational Pension.
- C As well as my new job, I have another job or receive a State or Occupational Pension

EDUCATION

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

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

Have you any specific experience, e.g. barista, till work, serving, bar, food preparation, kitchen work, etc. :

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, 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 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:

Sign _____

Print _____

Date: _____

HR