

PERSONAL DETAILS

TITLE:	SURNAME:	FIRST NAME:
ADDRESS:		CONTACT TELEPHONE NUMBERS:
POSTCODE:	PLACE OF BIRTH:	

VACANCY DETAILS

POSITION APPLIED FOR:
HOW DID YOU HEAR ABOUT THIS VACANCY?
IF OFFERED THIS POSITION, WILL YOU CONTINUE TO WORK IN ANY OTHER CAPACITY? (PLEASE GIVE DETAILS)
IF YOU HAVE PREVIOUSLY APPLIED TO, OR HAVE BEEN EMPLOYED BY THE COMPANY, PLEASE GIVE DETAILS:

EDUCATION DETAILS

LAST SCHOOL ATTENDED: NAME & ADDRESS	FROM	TO
	EXAMINATIONS TAKEN & GRADES	
IF CV ATTACHED SHOWING EDUCATION PLEASE INDICATE HERE:		

EMPLOYMENT HISTORY

PRESENT/LAST EMPLOYER: NAME & ADDRESS	FROM	TO
	CURRENT SALARY AT TIME OF YOUR LEAVING:	
	JOB TITLE	
MAIN DUTIES:		
REASONS FOR LEAVING:		

HOBBIES & INTERESTS

PLEASE USE THE SPACE BELOW TO OUTLINE YOUR MAIN HOBBIES AND INTERESTS:
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PERSONAL DETAILS

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE, OTHER THAN A "SPENT" CONVICTION UNDER THE REHABILITATION OF OFFENDERS ACT 1974?

YES

NO

IF YES, PLEASE GIVE DETAILS:

ARE YOU FACING ANY CRIMINAL PROSECUTIONS?

YES

NO

IF YES, PLEASE GIVE DETAILS:

GENERAL

DO YOU HAVE A VALID/CURRENT VISA/PERMIT TO WORK IN THE UK (IF REQUIRED)?

YES

NO

ARE YOU PREPARED TO WORK OVERTIME IF NECESSARY?

YES

NO

ARE YOU PREPARED TO WORK STATUTORY AND CUSTOMARY BANK HOLIDAYS?

YES

NO

AS YOU WILL BE WORKING IN AN AREA WHERE ALCOHOL IS SERVED AND CONSUMED, ARE YOU OVER 18 YEARS IN AGE?

YES

NO

DO YOU HAVE A PERMANENT NATIONAL INSURANCE NUMBER?

YES

NO

(IF NO, ARE YOU IN POSSESSION OF PROOF OF A TEMPORARY NATIONAL INSURANCE NUMBER?)

YES

NO

IF YOUR APPLICATION IS UNSUCCESSFUL ON THIS OCCASION, ARE YOU HAPPY FOR US TO HOLD YOUR DETAILS ON FILE FOR ANY FUTURE VACANCIES?

YES

NO

GENERAL

GIVE DETAILS OF TWO REFEREES WE CAN APPROACH HAVING OBTAINED YOUR PERMISSION (OFFERS ARE SUBJECT TO THE RECEIPT OF 2 SATISFACTORY REFERENCES).

NAME:

NAME:

OCCUPATION:

OCCUPATION:

ADDRESS:

ADDRESS:

TELEPHONE:

TELEPHONE:

I HEREBY DECLARE THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND COMPLETE. I UNDERSTAND THAT IF IT IS SUBSEQUENTLY DISCOVERED THAT ANY STATEMENTS ARE FALSE OR MISLEADING I WILL BE LIABLE TO HAVE MY APPLICATION DISQUALIFIED OR SUBSEQUENTLY WILL BE LIABLE TO BE DISMISSED FROM EMPLOYMENT BY THE COMPANY.

THE APPLICANT WILL HAVE NO RIGHT OF RECOURSE.

SIGNED _____ PRINT NAME _____ DATE _____

VAPIANO EQUAL OPPORTUNITIES:

THIS SECTION OF THE FORM WILL HELP US TO MONITOR THE EFFECTS OF OUR EQUAL OPPORTUNITIES POLICY AND WILL BE USED FOR NO OTHER PURPOSE. WE WOULD BE GRATEFUL IF YOU WOULD COMPLETE IT.

ETHNIC ORIGIN

AFRO-CARIBBEAN

ASIAN

EUROPEAN

AFRICAN

UK EUROPEAN

OTHER (PLEASE INDICATE)

MARITAL STATUS

SINGLE

SEPERATED

WIDOWED

SEX

MARRIED

DIVORCED

MALE

FEMALE

DISABILITY

NON-DISABLED

DISABLED

(N.B. Disabled means a physical or mental impairment which has a substantial and long-term adverse effect on an employee's ability to carry out normal day-to-day activities)

POSITION APPLIED FOR:

NAME: