

CONFIDENTIAL JOB APPLICATION FORM (1 of 3)

Job applied for:

PERSONAL INFORMATION

Surname Forenames
Address
Postcode
Tel. no. Home Work Date of Birth

EDUCATION

Secondary Education	Dates (approx.)		Achievements
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Further Education	Dates (approx.)		Achievements
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PREVIOUS EMPLOYMENT

Present/last employer Position
Address Starting date
Leaving date
Tel. no Finishing pay
Job duties
Reason for leaving

JOB APPLICATION FORM (2 of 3)

Present/last employer	<input type="text"/>	Position	<input type="text"/>
Address	<input type="text"/>	Starting date	<input type="text"/>
		Leaving date	<input type="text"/>
Tel. no	<input type="text"/>	Finishing pay	<input type="text"/>
Job duties	<input type="text"/>		

Reason for leaving

ADDITIONAL INFORMATION

Have you ever been convicted of a criminal act

Yes No

If Yes, give details

Are you lawfully able to work in the UK?

Yes No

Do you have a current driving licence?

Yes No

If Yes, do you have any penalty points?

Yes No

Are you registered disabled and require adjustments to assist you to carry out your work?

Yes No

If Yes, please specify

Do you speak or read a foreign language?

Yes No

If Yes, please specify

Do you have computer skills?

Yes No

If Yes, please specify

Please specify any community volunteer experience

JOB APPLICATION FORM (3 of 3)

MONITORING

Please tick all the relevant boxes. This information is used for monitoring only and for no other purpose. It will be treated as confidential.

It is the company's policy to employ the best qualified personnel and provide equal opportunities for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, national origin, sex, marital status or disability.

Male Female

Ethnic group:

African Afro-Caribbean Asian UK/European

Other European Other (please specify)

Disability

Details

WORK/PERSONAL REFEREES

Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Occupation	<input type="text"/>	Occupation	<input type="text"/>
Tel. no.	<input type="text"/>	Tel. no.	<input type="text"/>

DECLARATION

I confirm that this information is, to the best of my knowledge, true and complete. Any false statement will result in rejection as a candidate or dismissal if employment has started.

The company is authorised to obtain references to support this application once an offer has been made and accepted. I release the company and referees from any liability caused by giving and receiving information.

I agree that the organisation may use the information contained on this form for the purpose of processing my job application, for ethnic and gender monitoring, and for any other legitimate purpose of the business.

Signed Date

Please return this completed form to:

SILK HAIR BOUTIQUE

Silk Hair Boutique Limited, 9 Commercial Square, Haywards Heath, West Sussex, RH16 1DW
T: 01444 450243 E: info@silkhairboutique.co.uk W: www.silkhairboutique.co.uk