

FREDERICK'S OF CHESTERFIELD WORK APPLICATION FORM



FOR THE OFFICE USE ONLY.

Name:	D.O.B:
Job Title:	Tel:
(M):	Date:

Address:

Post applied for:					
Title:					
Surname:					
Forename(s):					
D.O.B					
Address:					
Tel No:				Other contact No:	
Driver (✓)	Clean, Full driving licence (✓)	Non - Smoker (✓)	National Insurance :		
How long have you been driving?					

EMPLOYMENT HISTORY (please start with your current or most recent job and work backwards)			
Employer	Position / Duties / Responsibilities	Wage	Reason for leaving
1.			
2.			
3.			

EDUCATION		
School / College / University	Dates	Qualifications obtained

Type of work required		Part Time (✓)		Full Time (✓)	
Are you able to work weekends? (✓)		YES		NO	
Dates available to start work					
Do you have any holidays booked? (✓)		YES	NO	Dates:	
Do you require a work permit? (✓)		YES		NO	
<i>You will be required to provide your evidence of your right to work in the UK – for photocopying purposes</i>					
Do you have any physical or mental conditions or illnesses which could limit your ability to perform this particular job? (✓)				YES	NO
If yes, please give details:					

Have you ever been convicted of a criminal offence, other than a spent conviction?	YES		NO	
(declaration subject to the Rehabilitation of Offenders Act 1974 and / or of your own country)				

HOBBIES, INTERESTS

HYGIENE
What is the importance of hygiene and cleanliness whilst working in an ice cream unit?

Do you have any qualifications in Food Hygiene or working with food products? (✓)	YES		NO	
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What are they?

ADDITIONAL INFORMATION (Please state briefly why you have applied for this post, indicating past achievements and experience and personal qualities relevant to your application and what contributions you would expect to make to the post you are applying for and to Frederick's)
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How long have you been speaking English?	
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What is your level of English in (✓):
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Speaking	Writing	Reading
Basic Medium Advanced	Basic Medium Advanced	Basic Medium Advanced

REFERENCES (Please give the names and addresses of 2 referees – not family members or friends. We reserve the right to contact these people at any time during your application.)	
Name	
Address	
Name	
Address	

Do you know anyone who has or is working for Frederick's? (✓)	YES		NO	
Please give their name and any relationship to you:				

DECLARATION

I confirm that to the best of my knowledge the information contained within this application form is correct. I understand that, should I be successful in my application, providing false or incorrect information may lead to disciplinary action being taken and could result in my dismissal. I consent to the company processing, by means of a computer database or otherwise, any information which I provide to them, for the purposes of working for Frederick's.

Signature: _____ Date _____

All work is subject to the receipt of satisfactory references and completion of a satisfactory Probationary period of 2 months from the first day of working.

Please attach a recent head and shoulders photograph of yourself in this box:

Please return this application form to:
 Frederick's Of Chesterfield
 76-88 Old Hall Road
 Brampton
 Chesterfield
 Derbyshire
 S40 1HF
 England