

Position applied for:
Date:

APPLICATION FOR EMPLOYMENT



(Please answer all questions)

Notice: Applicant should read the following information carefully before filling out any of the questions on this form. We are an equal opportunity employer and fully subscribe to the principles of equal opportunity. It is our policy to seek and employ the best qualified personnel in all positions without regard to race, colour, religion, age, sex, disability, national origin or any other basis.

Surname:	Forename:	Middle name:	Marital status:
Present address:			
Postcode			
Phone no.	How long have you lived at the above address?		
National Insurance number if known:			

How did you hear about this vacancy? _____

Are you 18 years old or more? Yes No Date of birth ____ / ____ / ____

If under age 18, how many hours per week are you employed elsewhere? _____ hours

Have you had any name changes we should know about in order to verify your job, education or other relevant history? Yes No

Previous name _____

Do you have transportation to and from work? Yes No Do you hold a current full driving licence? Yes No

Are you authorized to work in the UK? Yes No

Position applied for? _____ Date you can start ____ / ____ / ____

Are you applying for Full time Part Time Temporary Days only Evenings only Days/evenings

Who recommended you for this position? _____

EDUCATION (starting with the most recent)

From	To	Name of school/college/further education	Course, Examination passed, qualification

ANY OTHER COURSES TAKEN (relevant to your application that you would like to mention, starting with the most recent)

From	To	Course provider	Title/subject

EMPLOYMENT HISTORY (starting with the most recent)

From	To	Employer's name and address	Position held and particulars	Reason for leaving

RELEVANT EXPERIENCE

What experience, abilities and skills do you have which you feel might help your application?

Are there any duties that you would be unable to perform?

Have you ever applied to this company before? Yes No

If yes, when? _____

Are you currently employed? Yes No

HEALTH/DISABILITY

Are you registered disabled?	
Do you have any illness/disability which causes you to take time off from work on a regular basis?	
If yes, please give details	
Time off work in last 3 years	

HOBBIES AND INTERESTS (if you would like to include them)

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PREVIOUS CONVICTIONS

Have you any court conviction, outstanding or pending summons or prosecutions (except spent convictions under the Rehabilitation of Offenders Act 1974). If yes, please give details	
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REFEREES

Please give the name, occupation, address and daytime telephone number of two previous employers plus one personal referee we can approach for references. Your present employer will not be approached without your consent.

Previous employer 1	Previous employer 2	Personal referee

DECLARATION

The information given by me in this form is true in every detail and:

- 1) I authorize investigation of all statements contained in this application.**
- 2) I understand that misrepresentation or omission of facts called for is cause for dismissal and that my employment is substantially dependent on truthful answers to the foregoing enquiries.**
- 3) I have read these statements and answers to these inquiries.** Yes No

Signed:		Dated:	
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Thank you for showing an interest in Millers Café Bar & Brasserie

"We are an equal opportunities employer" if you want to know more about what this means, please ask