



## Application Form

Please complete all sections of this form

<b>Position applied for:</b>	<b>At:</b>	please tick all that apply
Bar/waiting staff <input type="checkbox"/>	Black Tiles, Martlesham <input type="checkbox"/>	
Chef <input type="checkbox"/>	The Alex, Felixstowe <input type="checkbox"/>	
Kitchen Porter <input type="checkbox"/>	Café Bencotto, Felixstowe <input type="checkbox"/>	

Are you looking for Full Time  Part Time

Name	
Address	
Postcode	
Telephone number	Mobile
Day	Evening
Are you	16 - 17 <input type="checkbox"/> 18 and over <input type="checkbox"/>
National Insurance Number	
Have you worked at one of our sites before?	

### Education

High School/College/University	Qualifications/Grades

Have you completed any relevant training/NVQs/etc? If yes please detail

Please tell us why you are applying for this position



## Work history

Employer	
Your position	
Employed from	To
Your key responsibilities/duties	
Salary/wage	
Reasons for leaving?	

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## Your availability

When would you be able to start work?							
Please indicate which of the following you would be available to work:							
	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Day							
Eve							
How would you travel to work?							



## References

Please give details of two people who can provide you with a reference (friends and family are **not** suitable)

Reference 1	Reference 2
Name	Name
Company	Company
Position in Company	Position in Company
Relationship to you	Relationship to you
How long known?	How long known?
Address or phone number	Address or phone number
May we seek references prior to interview?	

Do you have any current/pending criminal convictions? If yes, please give details

Where did you hear about this position?

Are you eligible to work in the UK?

**YES**

**NO**

If no, would you require help to apply for the relevant permits?

**YES**

**NO**

**To the best of my knowledge the information given on this form is true and correct.**

Signed

Date

**Please note**

Due to licensing regulations you may need to be over 18 in order to work for us.

You will need to be over 16 and have completed GCSE's.

As we receive a high volume of application forms, we are unable to reply to each individually. Therefore, if you have not heard back from us within two weeks, it means that you have been unsuccessful. However, we like to keep application forms on file for a period of six months in order that we can contact applicants if anything suitable arises in the future. In accordance with the Data Protection Act, please could you inform us if you do not wish this information to be kept on our files.



# Health Questionnaire

**CONFIDENTIAL**

Please answer all questions fully. Your appointment requires satisfactory health clearance and you should be aware that if you leave anything out intentionally or answer untruthfully, any offer of appointment or your continued employment may be affected. Personal health information will be treated with the strictest confidence.

Your answers to this questionnaire will help us to ensure that the work that you are planning to do will not place your health at risk.

During the last 2 years, on how many occasions have you taken sick leave?		Number of occasions:	
		Details:	
How many days does this amount to?			
	Yes	No	Details
Have you ever been admitted to hospital for physical or mental health reasons?			
Have you ever attended an outpatients clinic for physical or mental health reasons?			
Have you ever had any major accidents or industrial injuries/illnesses?			
Do you have any problems working shifts?			
Do you need to regularly consult with your GP?			
Have you ever been refused or dismissed from employment for health reasons?			
Do you have any problems with your vision?			
Do you have any hearing problems?			
Do you take medicine on a regular basis?			



# Health Questionnaire

Do you have or have you ever suffered with the following:	Yes	No	Details
Chest problems, breathing difficulties, asthma or bronchitis?			
Heart problems or high blood pressure?			
Persistent or recurring back ache, sciatica, slipped disc or other back problems?			
Problems with your neck, shoulders, arms, wrists, hands or repetitive strain injury?			
Arthritis, rheumatism or any other joint problems?			
Any difficulty in standing, bending or lifting?			
Any mental health conditions (e.g. depression)?			
Epilepsy, seizures or blackouts?			
Diabetes?			
Any allergies?			
Dyslexia?			
Any other significant health problem?			

I declare that the information given is correct to the best of my knowledge.  
 I give permission to contact my GP or hospital specialist regarding my health and my ability to fulfill the post for which I have applied (subject to my rights under the Access to Medical Reports Act 1988) about which I will be advised if further medical information is required.

Signed:

Name:

Date:

Name and address of doctors: