

# CANDO 4 YOU Application for Employment

**POSITION APPLIED FOR:** \_\_\_\_\_

**PREPARED TO WORK:** FULL TIME  PART TIME  SUNDAYS  (SHOP POSITIONS ONLY)

**PERSONAL DETAILS**

TITLE:	MR/MRS/MISS/MS/OTHER*		
ADDRESS:		SURNAME:	
		FORENAMES:	
		MARITAL STATUS:	
POSTCODE:		DATE OF BIRTH:	
TELEPHONE:		N.I. NO.	

**EDUCATION**

SCHOOLS ATTENDED	DATES		EXAMINATIONS TAKEN	
	FROM	TO	SUBJECTS	RESULTS

**FURTHER EDUCATION**

COLLEGE / UNIVERSITY ATTENDED	DATES		QUALIFICATIONS	
	FROM	TO	SUBJECTS	RESULTS

**PREVIOUS EMPLOYMENT**

PRESENT/PREVIOUS EMPLOYER: ADDRESS:		TYPE OF BUSINESS: STARTING DATE: FINISHING SALARY: POSITION HELD: LEAVING DATE: REASON FOR LEAVING:	
PREVIOUS EMPLOYER: ADDRESS:		TYPE OF BUSINESS: STARTING DATE: FINISHING SALARY: POSITION HELD: LEAVING DATE: REASON FOR LEAVING:	
PREVIOUS EMPLOYER: ADDRESS:		TYPE OF BUSINESS: STARTING DATE: FINISHING SALARY: POSITION HELD: LEAVING DATE: REASON FOR LEAVING:	

<b>GENERAL INFORMATION</b>	<b>PLEASE LIST SPARE TIME ACTIVITIES:</b>
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**RECRUITMENT POLICY**  
 IT IS THE POLICY OF CANDO 4 YOU LTD UK TO EMPLOY THE BEST QUALIFIED PERSONNEL AND PROVIDE EQUAL OPPORTUNITY FOR ALL EMPLOYEES IN TERMS OF TRAINING AND DEVELOPMENT AND NOT DISCRIMINATE AGAINST ANY PERSON ON THE GROUNDS OF RACE, CREED, COLOUR, SEX, MENTAL STATUS OR DISABILITY.

PLEASE TICK THE RELEVANT BOXES BELOW TO ENABLE THE COMPANY TO MONITOR ITS EQUAL OPPORTUNITY POLICY TO ENSURE AGAINST RACIAL AND SEX DISCRIMINATION.

**GENDER**                      MALE                       FEMALE

**ETHNIC ORIGIN**                      EUROPEAN inc UK     ASIAN     AFRICAN     AFRO- CARIBBEAN

ARE YOU IN GOOD HEALTH? YES/NO DO YOU HAVE A FULL CLEAN DRIVING LICENCE YES/NO  
 IS THERE ANY HEALTH REASON WHY YOU WOULD NOT BE ABLE TO CARRY OUT THE DUTIES OF THE POSITION FOR WHICH YOU HAVE APPLIED? YES/NO  
 IF YES PLEASE DESCRIBE: \_\_\_\_\_

DO YOU SPEAK OR READ A FOREIGN LANGUAGE? YES/NO GIVE DETAILS \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE (DECLARATION SUBJECT TO THE REHABILITATION OF OFFENDERS ACT 1974) YES/NO  
 DO YOU NEED A WORK PERMIT TO WORK IN THE UK? YES/NO

ARE YOU A MEMBER OF A TRADE UNION? YES/NO IF YES PLEASE SPECIFY WHICH UNION \_\_\_\_\_

ARE THERE ANY PERSONAL CIRCUMSTANCES OR OTHERWISE WHICH WOULD PREVENT YOU FROM:  
 a) WORKING THE HOURS REQUIRED OF THE JOB YES/NO b) FULFILLING THE DEMANDS OF THE JOB YES/NO  
 IF YES PLEASE GIVE DETAILS \_\_\_\_\_

**PERSONAL REFEREES** THESE MAY BE CONTACTED TO SUPPORT YOUR APPLICATION ONCE AN OFFER HAS BEEN MADE. PLEASE INDICATE IF THIS CAUSES PROBLEMS.

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
OCCUPATION: _____	OCCUPATION: _____
TELEPHONE NO: _____	TELEPHONE NO: _____

I \_\_\_\_\_ DECLARE THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND COMPLETE. ANY FALSE STATEMENT OR MISLEADING INFORMATION MAY LEAD TO THE REJECTION OF MY APPLICATION, THE RETRACTION OF AN OFFER OR IF EMPLOYED THE TERMINATION OF MY EMPLOYMENT WITHOUT NOTICE OR RECOURSE TO THE COMPANY'S DISCIPLINARY PROCEDURE.

SIGNED \_\_\_\_\_  
 DATE \_\_\_\_\_

**FOR OFFICE USE ONLY TO BE COMPLETED BY HEAD OF FUNCTION**

STARTING DATE: \_\_\_\_\_ POSITION OFFERED \_\_\_\_\_  
 PLACE OF WORK: \_\_\_\_\_ SHOP NUMBER (IF APPLICABLE) \_\_\_\_\_  
 CONTRACTED HOURS: \_\_\_\_\_ CONTRACTED DAYS \_\_\_\_\_

HOURS OF WORK FOR PART-TIME STAFF:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

RATE OF PAY: £ \_\_\_\_\_ PER HOUR/WEEK/MONTH \* (\*delete as applicable)

**AUTHORISED BY:**

NAME: \_\_\_\_\_  
 POSITION: \_\_\_\_\_ (DIRECTOR/ HEAD OF FUNCTION)  
 DATE: \_\_\_\_\_

**TO BE COMPLETED BY PAYROLL**

APPLICATION FORM AUTHORISED BY CORRECT PERSON	YES/NO	DATE:
CONTRACT DOCUMENTATION SENT	YES/NO	DATE:
ENTERED ONTO PAYROLL SYSTEM	YES/NO	DATE:
TAX DETAILS RECEIVED	YES/NO	DATE:
REFERENCES RECEIVED	YES/NO	DATE:
APTITUDE TEST RECEIVED:	YES/NO	DATE:
TURNOVER STATISTICS UPDATED:	YES/NO	DATE:

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF YOU ARE INTERESTED IN JOINING THE TEAM  
COMPLETE & PLEASE FAX THIS APPLICATION FORM  
THROUGH TO

**01934842266**

THANK YOU.