

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.	
		EMAIL ADDRESS:	

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:	

GENERAL INFORMATION _____ _____	PLEASE LIST SPARE TIME ACTIVITIES: _____ _____
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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.