

THE PRIMROSE

30 Main Street | Ballynahinch | Co. Down
Northern Ireland | 02897 563177

EMPLOYMENT APPLICATION FORM

Please complete this form in BLOCK capitals.
All information will be treated in confidence and will be used by us to assess your suitability for the position.

| | |
|--|------------------------|
| THE VACANCY Job Applied for: _____ | |
| PERSONAL DETAILS | |
| Surname | _____ (Mr/Mrs/Miss/Ms) |
| Forename/s | _____ |
| Present Address | _____ _____ |
| Post Code | _____ |
| Date of Birth | _____ |
| National Ins. No. | _____ |
| Home Tel. No. | _____ |
| Other Tel. No. | _____ |
| Do you hold a current clean Driving Licence? | Yes No |
| Do you have your own transport? | Yes No |
| Have you had any serious illness, injury or operation In the past two years? | Yes No |
| If so, please describe _____ | |
| Do you have any health problems that would affect your work performance? _____ | |
| Have you ever been convicted of a Criminal Offence other than a spent Conviction under the Rehabilitation of Offenders (NI) Order 1978? | |
| Yes No | |

EDUCATION (If necessary attach additional sheet)

Please detail below your academic achievements from School, College, University or other Academic Institution. Please also list any professional qualifications and where they were obtained.

| Type of School/College | From | To | Examinations Passed | Grade |
|------------------------|------|----|---------------------|-------|
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Do you have a Food Hygiene Certificate? Yes No

Which other relevant qualifications have you? _____

Have you any other special abilities (i.e. languages)? _____

EMPLOYMENT

Where did you hear of this vacancy? _____

Is there any restriction on the hours you would be available to work? _____

What period of Notice to you have to give? _____

When would you be available to start? _____

Please give names and addresses of two Referees (no relations), of whom one has to be a previous employer:

1:

2:

Name: _____

Name: _____

Tel. No. _____

Tel. No. _____

Occupation: _____

Occupation: _____

EXPERIENCE *(attach additional sheet if necessary)*

Please outline below your employment history and note any skills or experience you have gained.

List most recent employer first.

| Employer's Name and Address | From | To | Job Title (Brief description of main duties) | Reason for Leaving |
|-----------------------------|------|----|---|--------------------|
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Please indicate your wage expectations £ _____

DECLARATION

I declare that the facts set out in this application are to the best of my knowledge, true and complete and I hereby give permission that the Company may contact the Referees I have nominated above.

Signed _____

Date _____