

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE IN BLOCK CAPITALS AND IN BLACK OR BLUE INK

Date you completed application:	
Reference: (Official use only)	

POSITION APPLIED FOR:			
WHERE DID YOU HEAR ABOUT THIS VACANCY?			
PREPARED TO WORK?	FULL TIME	PART TIME	TEMPORARY

MISS/MRS/MS/MR (Delete as appropriate)

SURNAME	
FIRST NAME(S)	

Are you 16 years of age or over? **Yes** **No**

NATIONAL INSURANCE NUMBER

--	--	--	--	--	--	--	--	--	--

YOUR ADDRESS:

HOUSE NO /NAME:	
STREET:	
TOWN:	
COUNTY:	
POSTCODE:	

NEXT OF KIN:

NAME:	
RELATIONSHIP:	
ADDRESS:	
POSTCODE:	
CONTACT NUMBER:	

Please indicate your preferred Method of Contact

TELEPHONE NO:	
MOBILE PHONE NO:	

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PREVIOUS EMPLOYMENT/APPLICATION

HAVE YOU APPLIED TO, OR WORKED FOR, THE COMPANY BEFORE?

APPLIED:

YES

NO

WORKED:

YES

NO

IF YES, PLEASE GIVE DETAILS

POSITION:

LOCATION:

DATE APPLIED:

DATE EMPLOYED FROM:

DATE LEFT:

REFERENCES

ANY OFFER OF EMPLOYMENT MADE WILL BE SUBJECT TO SATISFACTORY REFERENCES. IF YOU HAVE NOT WORKED BEFORE, PLEASE GIVE DETAILS OF TWO RESPONSIBLE PERSONS (NOT RELATIVES) WHOM WE COULD APPROACH FOR A CHARACTER REFERENCE. WE WILL ASK YOUR CURRENT OR PREVIOUS EMPLOYER FOR REFERENCES ONCE YOU HAVE ACCEPTED OUR OFFER. FULL POSTAL ADDRESSES ARE REQUIRED.

CONTACT NAME:

ORGANISATION:

POSITION HELD:

DATE EMPLOYED FROM / TO:

ADDRESS:

TOWN:

COUNTY:

POSTCODE:

TELEPHONE NUMBER:

CONTACT NAME:

ORGANISATION:

POSITION HELD:

DATE EMPLOYED FROM / TO:

ADDRESS:

TOWN:

COUNTY:

POSTCODE:

TELEPHONE NUMBER:

HOLIDAYS

DO YOU HAVE ANY PRE BOOKED HOLIDAYS?

YES

NO

IF YES, PLEASE GIVE DETAILS

FROM:

TO:

FROM:

TO:

FROM:

TO:

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RIGHT TO WORK IN THE UK

ARE THERE ANY RESTRICTIONS TO YOUR RESIDENCE IN THE UK THAT MIGHT AFFECT YOUR RIGHT TO TAKE UP EMPLOYMENT IN THE UK?

YES

NO

IF YOU ARE SUCCESSFUL IN YOUR APPLICATION WOULD YOU REQUIRE A WORK PERMIT TO WORK IN THE UK?

YES

NO

THE ASYLUM AND IMMIGRATION ACT 1996 REQUIRES US TO SEEK PROOF OF YOUR RIGHT TO WORK IN THE UK. ANY OFFER OF EMPLOYMENT IS CONDITIONAL ON YOU PRODUCING RELEVANT DOCUMENTS AS LISTED IN THE IMMIGRATION (RESTRICTION ON EMPLOYMENT) ORDER 2004.

IF YOU ARE INVITED TO INTERVIEW PLEASE BRING WITH YOU THE ORIGINAL AND A PHOTOCOPY OF THE RELEVANT DOCUMENTATION AS LISTED BELOW:

* EVIDENCE OF NATIONAL INSURANCE NUMBER: E.G.: P45, P60, OLD PAY SLIP

AND ONE OF THE FOLLOWING:

*PASSPORT, NATIONAL IDENTITY CARD, APPLICATION REGISTRATION CARD, RELEVANT HOME OFFICE DOCUMENTATION, FULL BIRTH CERTIFICATE WHICH INCLUDES THE NAMES OF THE HOLDER'S PARENTS ISSUED IN THE UK, CHANNEL ISLANDS, ISLE OF MAN, OR IRELAND.

IF YOU ARE PROVIDING DOCUMENTS SHOWING A DIFFERENT NAME TO THAT ON YOUR APPLICATION, YOU WILL BE REQUIRED TO PROVIDE A LEGAL DOCUMENT EVIDENCING THE CHANGE OF NAME.

DOCUMENTS PROVIDED MAY BE SUBMITTED TO THE IMMIGRATION SERVICE TO CONFIRM YOUR IDENTITY AND THE AUTHENTICITY AND PROVERANCE OF THE DOCUMENTS. BY SUBMITTING YOUR APPLICATION/THE DOCUMENTS YOU AGREE TO THIS.

PROSECUTIONS/CONVICTIONS

NOTE: YOU NEED NOT DISCLOSE SPENT CONVICTIONS UNDER THE REHABILITATION OF OFFENDERS ACT. HOWEVER, FAILURE TO GIVE INFORMATION ON UNSPENT CONVICTIONS OR GIVING FALSE INFORMATION COULD RESULT IN ANY OFFER BEING WITHDRAWN OR YOUR CONTRACT OF EMPLOYMENT BEING ENDED.

DO YOU HAVE ANY UNSPENT CONVICTIONS?

YES

NO

IF THE ANSWER IS 'YES' TO THE ABOVE, PLEASE GIVE DETAILS:

HAVE YOU HAD ANY CAUTIONS REPRIMANDS OR FINAL WARNINGS FROM THE POLICE IN THE LAST FIVE YEARS?

YES

NO

IF THE ANSWER IS 'YES' TO THE ABOVE, PLEASE GIVE DETAILS:

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ABOUT YOUR EDUCATION

PLEASE STATE ANY QUALIFICATIONS YOU HAVE WHICH YOU FEEL ARE RELEVANT TO THE ROLE YOU ARE APPLYING FOR:

NAME OF SCHOOL / COLLEGE	ADDRESS OF SCHOOL / COLLEGE	QUALIFICATIONS	GRADE (IF ANY)

PROFESSIONAL QUALIFICATIONS:

ABOUT YOU

WHY DO YOU WANT TO WORK FOR US?

WHAT WOULD YOU SAY YOUR THREE KEY STRENGTHS ARE?

1-

2-

3-

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ABOUT YOUR WORK EXPERIENCE

PLEASE LIST YOUR WORK EXPERIENCE INCLUDING PART-TIME AND VOLUNTARY WORK. START WITH YOUR PRESENT OR MOST RECENT EMPLOYER. **PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY.**

IF YOU ARE CURRENTLY IN EMPLOYMENT, HOW MUCH NOTICE ARE YOU REQUIRED TO GIVE?

IF PART TIME, DO YOU INTEND TO KEEP YOUR CURRENT JOB (if applicable) IF OFFERED A POSITION?

YES NO

DATES EMPLOYED	EMPLOYERS NAME AND INDICATION OF TYPE OF BUSINESS	POSITION HELD AND BRIEF DESCRIPTION OF RESPONSIBILITIES AND KEY SKILLS / COMPETENCIES	SALARY OR HOURLY RATE	REASON FOR LEAVING
FROM:				
TO:				
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IF YOU HAVE NOT BEEN IN CONTINUOUS EMPLOYMENT OVER THE LAST FIVE YEARS, PLEASE STATE BELOW WHAT YOU HAVE BEEN DOING.

DETAILS OF EMPLOYMENT BREAK (e.g. Registered Unemployed)	DETAILS OF EMPLOYMENT BREAK (e.g. Registered Unemployed)
FROMTO	FROMTO

IF NOT REGISTERED UNEMPLOYED, PLEASE PROVIDE THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF TWO PEOPLE WHO KNOW YOU WELL.
RELATIVES, FORMER EMPLOYERS, DOCTORS AND TUTORS ARE NOT ACCEPTABLE.

NAME:	NAME:
ADDRESS:	ADDRESS:
POSTCODE:	POSTCODE:
CONTACT NO:	CONTACT NO:

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DRIVING LICENCE

TO BE COMPLETED BY ALL PERSONS WHO ARE LIKELY TO BE DRIVING A COMPANY VEHICLE.

LICENCE NUMBER:

CLASSES:

ENDORSEMENTS:

NOTE: A FULL COPY OF YOUR DRIVING LICENCE - BOTH CARD AND PAPER - MUST BE PROVIDED BEFORE ANY COMPANY VEHICLE IS DRIVEN. IT WILL BE PHOTOCOPIED AND KEPT ON FILE.

ADDITIONAL INFORMATION

IF YOU ARE SELECTED TO ATTEND AN INTERVIEW DO YOU HAVE ANY SPECIAL REQUIREMENTS?

YES

NO

IF YES, PLEASE GIVE DETAILS:

DECLARATION

IN ORDER FOR US TO PROCESS YOUR APPLICATION FORM, IT IS IMPORTANT THAT THE INFORMATION YOU PROVIDE IS ACCURATE AND THAT **ALL** SECTIONS ARE COMPLETED. YOUR SIGNATURE BELOW CONFIRMS THAT THE INFORMATION YOU HAVE GIVEN IS TRUE AND COMPLETE, TO THE BEST OF YOUR KNOWLEDGE.

GIVING FALSE INFORMATION OR WITHHOLDING INFORMATION REQUESTED COULD RESULT IN ANY OFFER BEING WITHDRAWN OR YOUR CONTRACT OF EMPLOYMENT BEING ENDED.

SIGNED:

.....

DATE:

.....

SOME OR ALL OF THIS INFORMATION MAY BE RETAINED ON OUR COMPUTER SYSTEMS IN ACCORDANCE WITH THE RULES SET OUT IN THE DATA PROTECTION ACT 1998

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OUR COMMITMENT TO EQUAL OPPORTUNITIES

The Company is committed to an Equal Opportunity policy in employment and will assess applicants for jobs without regard to disability, age, marital status, race, sex or sexual orientation. To enable the company to monitor this policy, this application form includes questions relating to these topics. Please indicate which of the following groups you belong:

Please tick as appropriate:

Your age is:

DATE OF BIRTH/...../..... (dd/mm/yy)

16-19 20-29 30-39 40-49
 50-59 60+

Gender:

Male Female

Your marital status is:

Single Married Divorced Widowed
 Live in partnership

Your Ethnic Group is:

White-British		White-Irish	
Mixed-White & Black Caribbean		Mixed-White & Black African	
Mixed-Other		Asian / Asian British - Indian	
Asian / Asian British Bangladeshi		Other Asian Background	
Black / Black British - African		Black / Black British - Other	
		White-Other	
		Asian / Asian British Pakistani	
		Black / Black British-Caribbean	
		Chinese	

Other - Please Specify

DO YOU HAVE A CONDITION THAT WOULD BE CONSIDERED A DISABILITY AS DEFINED BY THE DISABILITY DISCRIMINATION ACT 1995?

YES NO

IF YES, DO YOU REQUIRE ANY REASONABLE ADJUSTMENTS TO CARRY OUT YOUR ROLE? PLEASE GIVE DETAILS

Is there anyone who relies on you for day to day care and attention?

Yes No

If yes, are they: A) Children

B) Other Family member or partner

Aged

0-4	<input type="checkbox"/>
5-11	<input type="checkbox"/>
12-16	<input type="checkbox"/>

NAME:

POSITION APPLIED FOR:

LOCATION:

DATE COMPLETED:

IF YOU WISH, PLEASE DETACH THIS PAGE AND PLACE IN A SEALED ENVELOPE MARKED EQUAL OPPORTUNITIES AND ENCLOSE

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For Official Use Only:

Screened by:
(Print Name)

Decision: (Please tick relevant box)

Invite to interview:

Regret before interview:

Reason for decision:

(Please give your reason for either inviting to interview or rejecting the candidate before interview - OR attach Application Form Screening Sheet)

After the Interview

Please attach Interview Assessment Form / Interview Notes

Registered at BT Six Ltd T/A Local Budgens
2,3 The Square Harman water, Bracknell RG12 9LP

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