



EMPLOYMENT APPLICATION

As an Equal Opportunities Employer, we consider applications for all positions without regard to race, colour, religion, sex, national origin, age or marital status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

(PLEASE PRINT)

Surname: (Mr/Mrs/Miss/Ms)		First Name:	
Maiden Name:		National Insurance No:	
Address (Number & Street)			
(Town):		(County):	(Postcode):
Home Telephone:		Work Telephone:	Mobile:
Age:	Date of Birth:	Nationality:	
Position(s) Applied For:			
		Part Time: <input type="checkbox"/>	Full Time: <input type="checkbox"/>
Date of Application:			
How did you learn about us?	Walk in: <input type="checkbox"/>	Advert: <input type="checkbox"/>	Job Centre: <input type="checkbox"/>
Current Employee: <input type="checkbox"/>	Current Employee Referral Name:	<input type="text"/>	
Have you ever applied for a job with this company before? Yes / No* If yes, please give dates:			
Have you ever worked for this company before? Yes / No* If yes, please give dates:			
On what date would you be available to work?		Day:	Date:
Are you available to work:	Days: <input type="checkbox"/>	Nights: <input type="checkbox"/>	Varied shifts: <input type="checkbox"/>
Weekends: <input type="checkbox"/>	Holidays: <input type="checkbox"/>	Part Time: <input type="checkbox"/>	Full Time: <input type="checkbox"/>
Do you require a permit to work in the UK?:		Yes / No*	Expiry Date:
Do you smoke?:	Yes / No*	If yes, are you prepared to smoke only in Hunter Clark's designated smoking area?: Yes / No*	
How many working days have you lost through illness in the last year?:			
Please give details of any serious illness or hospital treatments in the last 2 years:			
Can you drive?: Yes / No* Car owner / Use of a car?*:			
Which Tube, Bus or Rail routes can you use?:			
Have you been convicted of a criminal offence within the last 5 years?:		Yes / No*	
<small>(If yes, please give details other than those spent convictions under the rehabilitation of Offenders Act)</small>			

EDUCATION	SCHOOL NAME ADDRESS	SUBJECTS STUDIED	DEGREE / OTHER
HIGH SCHOOL			
COLLEGE			
UNIVERSITY			
OTHER <small>(please specify)</small>			

SPECIALISED SKILLS / TRAINING			
VDU Keystrokes (per hour): <input type="text"/>	Typing Speed (wpm): <input type="text"/>	Telephone Systems: <input type="checkbox"/>	Other:
Personal Computer: <input type="checkbox"/>	Excel or other: <input type="checkbox"/>	Word for Windows: <input type="checkbox"/>	Other Software:
Please list any foreign language you can speak, read and/or write:			
a) Fluent:	Speak: <input type="text"/>	Read: <input type="text"/>	Write: <input type="text"/>
b) Good:	Speak: <input type="text"/>	Read: <input type="text"/>	Write: <input type="text"/>
c) Fair:	Speak: <input type="text"/>	Read: <input type="text"/>	Write: <input type="text"/>

* Delete where applicable

(PLEASE PRINT)



CURRENT JOB			
Full Name of Employer:			
Address of Employer:		Town:	
County:	Postcode:	Telephone No:	
Type of Business:	Size of Company (Approx. No of Employees):		
Position Held:	From (month/year):	To (month/year):	Total Service:
Too whom are you responsible?:	May we contact them?: Yes / No*	Starting Salary?:	Current Salary?:
Full Job Description and Duties: (You should give full details of a typical day/week/month. Please do not write 'see CV', although you may include your CV with this application.)			
What are your likes & dislikes in this job?			
Reasons for wishing to leave:			

PREVIOUS JOB (1)			
Full Name of Employer:			
Address of Employer:		Town:	
County:	Postcode:	Telephone No:	
Type of Business:	Size of Company (Approx. No of Employees):		
Position Held:	From (month/year):	To (month/year):	Total Service:
Too whom are you responsible?:	May we contact them?: Yes / No*	Starting Salary?:	Current Salary?:
Full Job Description and Duties: (You should give full details of a typical day/week/month. Please do not write 'see CV', although you may include your CV with this application.)			
What are your likes & dislikes in this job?			
Reasons for leaving:			

PREVIOUS JOB (2)			
Full Name of Employer:			
Address of Employer:		Town:	
County:	Postcode:	Telephone No:	
Type of Business:	Size of Company (Approx. No of Employees):		
Position Held:	From (month/year):	To (month/year):	Total Service:
Too whom are you responsible?:	May we contact them?: Yes / No*	Starting Salary?:	Current Salary?:
Full Job Description and Duties: (You should give full details of a typical day/week/month. Please do not write 'see CV', although you may include your CV with this application.)			
What are your likes & dislikes in this job?			
Reasons for leaving:			

* Delete where applicable

PLEASE LIST ANY SPECIALISED SKILLS AND RECENT TRAINING COURSES ATTENDED:

(PLEASE PRINT)

Course	Date	Location

Please use continuation sheet of necessary

Do you have any special requirements to be able to do your job (eg. Assistance to use stairs, specialist equipment required, etc).

HOBBIES AND INTERESTS

APPLICANT'S STATEMENT

I certify that I have read and understand that Hunter Clark is an alcohol and drug free workplace. I also certify that the information contained in this application is true and correct and I understand that any falsification, misrepresentation or omission of facts called for herein will result in my disqualification from further consideration for employment, or shall be grounds for immediate dismissal from employment. I also authorise the Company to investigate any and all information and/or statements contained in my application for employment, including but not limited to, any and all information concerning my previous employment and any pertinent information my previous employers may have or wish to provide. I also agree to conform to the rules, policies and regulations of the Company.

Name in Capitals: _____ Signature of Applicant: _____

Date: _____

REFERENCE DETAILS

Please supply details of one work reference if your most recent employment has been continuous for five years or more. If your most recent employment is less than five years then please provide details from two work referees. If this is your first employment, please provide us with details of two personal referees. Personal referees should have a professional background e.g. teacher, lawyer, GP, MP, etc and must not be a member of your family.

Work Reference

Referee 1

Name: _____

Company: _____

Contact Details: _____

Telephone No: _____

Referee 2

Name: _____

Company: _____

Contact Details: _____

Telephone No: _____

Personal Reference

Referee 1

Name: _____

Company: _____

Contact Details: _____

Telephone No: _____

Referee 2

Name: _____

Company: _____

Contact Details: _____

Telephone No: _____