



# BAR & KITCHEN STAFF APPLICATION FORM

## YOUR DETAILS

Position applied for    Kitchen                       Bar                       Front of house

Average hours:            Under 20 hours                       Over 20 hours

Surname \_\_\_\_\_

Forenames \_\_\_\_\_ Title Mr/Mrs/Miss/Ms/Other \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel No. (home) \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail address \_\_\_\_\_ National Insurance No. \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ When could you start work? \_\_\_\_\_

How did you hear about the job? \_\_\_\_\_

How would you get to and from work? \_\_\_\_\_

Please tell us the days and times you're available:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Earliest start time							
Latest finish time							

### General Education and training

Please tell us the level and grade you attained and the subjects taken:

School/college/university	From	To	Subjects studied	Examinations/awards/achievements

# YOUR EMPLOYMENT HISTORY

Please state the number of days you were absent from work through illness in the last 2 years: \_\_\_\_\_

Please give details of your work experience, paid or voluntary, starting with your present or most recent employer and working backwards.

	From	To	Employer's Name and address	Job Title	Main responsibilities and reason for leaving
Current job					
Previous employment					

(Continue overleaf if necessary)

# EQUAL OPPORTUNITIES

*(Our commitment)*

The Helsby Arms is committed to being an equal opportunities employer, ensuring that candidates from all ethnic backgrounds and those with disabilities can compete equally with all other applicants. To help us monitor the effectiveness of our policy please complete the details below.

THIS INFORMATION WILL NOT FORM PART OF OUR RECRUITMENT DECISION.

Do you consider yourself to have a disability?

Yes

No

If 'Yes' please give details \_\_\_\_\_  
\_\_\_\_\_

Please give details of any special needs or requirements that you would need us to make if you are invited for interview \_\_\_\_\_  
\_\_\_\_\_

If appointed do you feel that any special aids, equipment or arrangements would be required to take account of your disability/impairment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MORE ABOUT YOU

### Right to work

Do you have the right to work in the UK?

Yes

No

(Either current passport or UK birth certificate and picture ID) If 'Yes' please note that you will be required to produce this documentation at your interview.

### Criminal convictions

Do you have any unspent criminal convictions or cases pending?

Yes

No

If 'Yes' please give dates and details \_\_\_\_\_

### Bank details

Do you currently have a UK bank account?

Yes

No

### Medical

Do you suffer from any of the following:

Vomiting and/or diarrhoea in the last seven days?

Yes

No

Skin problems affecting the hands, arms or face?

Yes

No

Boils, styes or septic wounds?

Yes

No

Discharge from the eyes or ears?

Yes

No

Have you ever had or are you known to be a carrier of typhoid or paratyphoid?

Yes

No

In the last 21 days have you been in contact with anyone who may be suffering from Typhoid or paratyphoid?

Yes

No

Please give details of any medical condition which may affect your employment as a food handler \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Referees

Please provide the name, address and telephone number of two referees. These must be your most recent employer and a previous employer. Your current employer will not be contacted until an offer of employment has been made.

#### Referee 1

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

#### Referee 2

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

### Declaration

I confirm that the information given on this application form is correct to the best of my knowledge.

I understand that any engagement entered into is subject to a satisfactory probationary period, satisfactory references, and documentary evidence of my National Insurance Number and my right to work in the UK and, if necessary, a medical examination.

I verify that the information provided is accurate, true and complete. I understand, if I am appointed and this information is found to be inaccurate, untrue or incomplete, that this will be treated as gross misconduct and may render me liable to dismissal.

I understand that the information I have provided will be used in accordance with the Data Protection Act 1998 for the propose of my application for employment and staff administration.

Signed \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For your privacy please return in a sealed envelope addressed to:  
Mrs C Currie, Helsby Arms, Chester Road, Helsby, Cheshire WA6 0JE

We will contact suitable applicants within 7 days of receipt.