

## APPLICATION FORM



PLEASE  
ATTACH  
RECENT  
PHOTOGRAPH

Please return this form to the Recruitment manager.

Perkins Family, c/o Perkins Restaurant, Station Road, Plumtree, Nottingham, NG12 5NA.

## INITIAL INFORMATION

Date of application:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Salary requested (gross): £ per hour/ week/ year
Date available to start work:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Would this be your only job: YES/ NO
Please state the venue(s) you are interested in working in:		
Position applied for:		

## ABOUT YOU

Surname:		Mr./ Mrs./ Miss/ Ms. (please circle)
First name(s):		Name preference:
Tel no.:	Mob no.:	Email:
Present address:		
Post code:		Time at current address:
Accommodation (please tick):    Property owner <input type="checkbox"/> Tenant <input type="checkbox"/> Parents home <input type="checkbox"/> Temporary home <input type="checkbox"/>		
Date of birth:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	National Insurance no.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Nationality:		
Do you need a work permit: YES/ NO		If so give expiry date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Have you ever been convicted of a crime other than a spent conviction under the Rehabilitation of Offenders Act 1974: YES/ NO		
If yes, please give brief details:		

## MEDICAL INFORMATION

Have you had an illness involving more than 8 days off work/ education in the last 5 years? YES/NO	
If yes please give brief details:	
Are you registered as a First Aider? YES/NO	
If YES, when does your course expire? <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	

## MOST RECENT EDUCATION- SCHOOL &amp; UNIVERSITY

Name & address of school/ college/ university	Dates:	Qualifications achieved:
	From:	
	To:	
	From:	
	To:	

EMPLOYMENT HISTORY *Please list current or most recent job first.*

From:	Restaurant/ hotel etc. name:	Reason for leaving:
To:	Name of supervisor/ manager:	
Your position:	Company address:	
	Tel no.:	Gross finishing pay: £ per hour/week/year
From:	Restaurant/ hotel etc. name:	Reason for leaving:
To:	Name of supervisor/ manager:	
Your position:	Company address:	
	Tel no.:	Gross finishing pay: £ per hour/week/year
From:	Restaurant/ hotel etc. name:	Reason for leaving:
To:	Name of supervisor/ manager:	
Your position:	Company address:	
	Tel no.:	Gross finishing pay: £ per hour/week/year

EMPLOYMENT HISTORY Gaps in employment

<p>Please explain any gaps in your employments that are shown above e.g. sabbaticals, maternity etc.</p>
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APPLICATION AGREEMENT

<p>I declare all the information to be true at the time of signing this declaration, and will notify the company of any change in circumstances should my employment be pursued at a later date. I understand that any misleading statement, deliberate or otherwise maybe sufficient grounds for cancelling any agreements made.</p>								
<p>Applicants signature:</p>	<p>Printed name:</p>	<p>Date: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table></p>	D	D	M	M	Y	Y
D	D	M	M	Y	Y			

PLEASE ENSURE ALL QUESTIONS ARE ANSWERED

PLEASE SEND IN A CURRENT CV TO ACCOMPANY THE APPLICATION FORM

WE AIM TO GET BACK TO ALL APPLICANTS WITHIN 14 DAYS.

OUR PREFERRED METHOD OF COMMUNICATION IS EMAIL- SO PLEASE ENSURE YOUR EMAIL ADDRESS IS CORRECT & THAT YOU CHECK IT REGULARLY.

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