

APPLICATION FOR EMPLOYMENT

Form AP1

Private and confidential

Return this form to: hyrestinvoices@pennells.co.uk

Ref. No _____

Position applied : Assistant Chef - Lincoln

Name: Title Forename(s) Surname

Address: _____

Postcode

N.I. number _____ Email address _____

Telephone number Landline Mobile

Current driving licence?

Yes [] No [] Groups: Expiry date

Details of endorsements:

Are there any restrictions on you taking up employment in the UK?

Yes [] No [] (If Yes, please provide details)

Education

Schools/Colleges/University

Qualifications Gained

Employment history: (please complete in full and use a separate sheet if necessary)

<u>From</u>	<u>To</u>	<u>Name and address</u>
		<u>Job title</u> <u>Rate of pay</u>
		<u>Duties</u>
		<u>Reason for leaving</u>

<u>From</u>	<u>To</u>	<u>Name and address</u>
		<u>Job title</u> <u>Rate of pay</u>
		<u>Duties</u>
		<u>Reason for leaving</u>

<u>From</u>	<u>To</u>	<u>Name and address</u>
		<u>Job title</u> <u>Rate of pay</u>
		<u>Duties</u>
		<u>Reason for leaving</u>

<u>From</u>	<u>To</u>	<u>Name and address</u>
		<u>Job title</u> <u>Rate of pay</u>
		<u>Duties</u>
		<u>Reason for leaving</u>
		<u>Notice required</u>

Other employment Please note any other employment that you would continue with if you were to be successful in obtaining this position.

References: Please note here the names and addresses of two persons from whom we may obtain both character and work experience references.

1. _____ 2. _____

Known in the capacity of: (i.e. Manager/Education) _____ Known in the capacity of: _____

Declaration (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

Signed: _____

Date: _____