



Coach Caterers

STAFF APPLICATION FORM.



To be Completed by the Applicant - PLEASE PRINT in BLACK INK in BLOCK CAPITALS

Applicants Details

Applicants Name _____

Date of application / /

Name (Surname then first name) _____

Full postal address _____

Postcode _____

Telephone _____

Mobile No. _____

General Information

Sex Male Female

Are you legally eligible for employment in the UK? Yes No

Date of Birth / /

Are you in general good health? Yes No

If you are not a UK or European Union national, please state your work permit number _____

If No, please state your medical condition _____

Date available for work / /

Are you receiving medical treatment? Yes No

Will you work overtime if needed? Yes No

If Yes, please state what _____

Will you work shift or other flexible working arrangements if necessary? Yes No

Have you in the past had periods of ill-health resulting in absence from work? Yes No

Do you smoke? Yes No

If Yes, please state illness and duration _____

Are you still in Full-time Education? Yes No

If Yes when do you leave? / /

Employment History & References

(If applicable - when in full-time education please give name and address of school / college.)

Date (Exact Dates Please)		Full Name & Address of Employer - to whom the Company may refer on successful application	Nature of Employment	Reason for Leaving
From	To (leave blank if still employed)			

Declaration

It is understood and agreed that any misrepresentation by me on this application form will be sufficient cause for cancellation of this application and/or termination from the employer's service if I have been employed.

I give the employer the right to investigate all references about me.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by law.

Applicant's signature _____ Date / /