



APPLICATION TO WORK WITH A GREAT COMPANY

POSITION SOUGHT

BRANCH NAME / LOCATION

IN ORDER THAT YOUR APPLICATION RECEIVES OUR FULL CONSIDERATION, PLEASE COMPLETE ALL SECTIONS IN FULL

PERSONAL STUFF

Surname:		First Name:		Title: Mr / Mrs / Ms / Miss	
Address:			Daytime tel. no. (incl STD code):		
			Evening tel. no. (incl STD code):		
			Mobile tel. no.		
			Email address:		
Marital Status:		National Insurance No: _____		Nationality:	
Can you provide proof of your eligibility to work in the UK? YES / NO <i>Under Section 8 of the Asylum & Immigration Act 1996 all new employees will be required to produce original valid documentation, a photocopy of which will be retained on their file.</i>					

WORKING HISTORY please provide your employment history for the last 10 years if applicable with the most recent first

Name, address & type of business	Dates (month & year)		Job Title & Main Duties	Reason For Leaving	Salary / Rate of Pay
	From	To			

WORKING HISTORY continued

Name, address & type of business	Dates (month & year)		Job Title & Main Duties	Reason For Leaving	Salary / Rate of Pay
	From	To			

Continue on a separate sheet if necessary

EDUCATION & TRAINING**Secondary Education**

Name & Address of School Attended	From	To	Qualifications gained (including grades)

University / College Education

Name & Address of College / University	From	To	Qualifications gained

OTHER COOL STUFF ABOUT YOU THAT WE SHOULD KNOW...

Please provide details of work experience and / or personal qualities which you feel are relevant to the position applied for

Continue on a separate sheet if necessary

OTHER INFORMATION

Where did you hear about this vacancy?	
Please detail any holidays you have booked:	Period of notice required / earliest date available:
Have you ever been dismissed by an employer? YES / NO If yes please explain why and when:	
Have you ever been convicted of a criminal offence? YES / NO If yes please specify:	
Date of conviction:	Penalty imposed:

HOWS YOUR HEALTH?

Please provide below details of any absence from work during the last two years:		
No. of days:	No. of occasions:	Nature of illness:
Are you disabled? YES / NO If yes, please give details of your disability in the box below		
Have you ever suffered from any of the following illnesses or complaints? <i>If you answer yes to any of the questions, please give details below</i>		
<input type="checkbox"/> Asthma, bronchitis or any disease of the lung	<input type="checkbox"/> Rheumatic fever, rheumatism or arthritis	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Skin diseases e.g. eczema or dermatitis	
<input type="checkbox"/> Fits or loss of consciousness	<input type="checkbox"/> Typhoid, paratyphoid, dysentery or salmonella type infections	
<input type="checkbox"/> Back trouble, or pulled ligaments	<input type="checkbox"/> Any illnesses or disabilities not listed above	
Are there any types of work you are unable to do for health reasons? YES / NO <i>if yes please give details below</i>		
Please describe your general state of health: Excellent / Good / Fair / Poor		
Please give details of any complaint, injury, illness or other factor which we should know of in good faith, which may impact on your ability to do the job for which you have applied:		

REFERENCES All offers are subject to the receipt of two satisfactory references. Please provide two employment referees. If this is your first job, please provide two personal references (not family members).

Current / last employer Contact Name:	Previous employer Contact Name:
Position / capacity known to you:	Position / capacity known to you:
Address:	Address:
Telephone:	Telephone:

DECLARATION Misleading or incorrect information on this application will be considered grounds for termination of employment without notice.

I confirm that, to the best of my knowledge, the information given on this form is correct	
Signed:	Date:

PLEASE RETURN TO: Crepeaffaire, 173 Wardour St, London W1F 8WT
(tick) OR CREPEAFFAIRE (BRANCH)