

Application For Employment

Please complete all details in your own handwriting and return to:
Personnel Department, Oldrid & Co. Ltd., 11 Strait Bargate, Boston, Lincolnshire, PE21 6UF.

Please tick appropriate answers

Surname:		Previous Surnames:	
Forename(s):		Title: please delete as applicable	Mr/Mrs/Miss/Ms
Address:			
		Postcode:	
Home Telephone No:		Mobile Telephone No:	
Work Telephone No: Discretion assured if we need to contact you			
National Insurance No:			
Do you require a work permit/visa?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Position Applied For:		Job Centre Ref. No.:	
Name of Store:			
Full or Part Time?	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Number of Hours Per Week: <input type="text"/>
Days Available:	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>
	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>
	Sun <input type="checkbox"/>		
Times Available:			
Have you previously been employed by Oldrids/Downtown?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes please give approximate dates of employment and department:			

Do you hold a current Driving Licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you possess an HGV/LGV Licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Level? <input type="text"/>
Do you have any endorsements/bans?			

Have you been convicted of a criminal offence which is not a spent conviction under the Rehabilitation of Offenders Act 1974?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details		

Education/Training

Names and addresses of educational establishments attended	Examinations taken and results or qualifications achieved
School	
College / University	
Other Formal Training	

Details of professional membership and qualifications:			
Details of languages spoken and level of proficiency:			
Are you a qualified First Aider?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date First Aid certificate expires:

Other Information

How much notice are you required to give in your present job?			
Have you a friend or relative in our employ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes please state their name(s)			
What are your spare time interests?			

Should you suffer a medical condition which may require an adjustment for your interview or in the work environment, please provide details below.

Declaration by applicant - Please read this section carefully before signing.

- I declare that the statements I have made on this application form are, to the best of my knowledge, true and complete. I understand that the Company reserves the right to withdraw any offer of Employment, or to terminate any employment already commenced, if the information given by me is inaccurate or misleading in any way.
- I understand that my employment is subject to the receipt of satisfactory references if an offer of employment is made and accepted.
- I agree to undergo a medical examination should this be considered necessary.
- I hereby give Oldrids / Downtown permission to take up references with my previous employers and any other referees I may nominate.
- I agree that my normal hours of work may be extended according to the needs of the business e.g. Christmas, stocktaking, sale periods, late nights, year end etc.
- I agree that the Company may alter the location / department in which I am employed.
- I agree to have my details kept on file, if I am unsuccessful for the role I am applying for, for the next six months so I can be considered for any suitable vacancies.

Signature:		Date:	
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Thank you for your interest in Oldrids/Downtown. Please note that if you do not hear from us with in 4 weeks of submitting your application, you have unfortunately been unsuccessful on this occasion.

FOR OFFICE USE ONLY

Interviewer: Date:

Comments:

STARTING DETAILS

Position:

Offer made on	Confirmed acceptance / rejection	1/3/6 month trial begins on & at	Initial hours (anticipated)	Starting rate per hour/4 weeks/annum

REMOVE THIS SECTION BEFORE THE SELECTION PROCESS BEGINS

Diversity In The Workplace

To aid our compliance with fair employment practices we request your co-operation in answering the following questions. All information which you voluntarily provide is confidential and is used only in accordance with the regulations governing Equal Opportunities. This information is used for monitoring purposes only and is not used as part of the screening or interview process. If you do not wish to provide this information, you will not be subject to any adverse treatment.

Date of birth: <input style="width: 95%; height: 20px;" type="text"/>	Nationality: <input style="width: 95%; height: 20px;" type="text"/>
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In order to comply with the recommendations of the Commission for Racial Equality, and to help Oldrids/Downtown ensure that its Diversity Policy is upheld, please identify your ethnic origin by choosing ONE section from A to E, and then tick the appropriate box to indicate your cultural background:

A White: <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background, please specify:	B Mixed: <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other Mixed background, please specify:	C Asian or Asian British: <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background, please specify:	D Black or Black British: <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other Black background, please specify:	E Chinese or any other ethnic group: <input type="checkbox"/> Chinese <input type="checkbox"/> Any other background, please specify:
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