

APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE

Please attach a
photograph of
yourself here

PLACEMENT INFORMATION

School you attend _____ Placement date _____
School contact _____ Duration _____

ABOUT YOU

Surname _____	Place of Birth _____
Forename(s) _____	Nationality _____
Address _____	<u>Emergency Contact</u>
City _____	Name _____
Postcode _____	Address _____
Home Phone _____	City _____
Mobile Phone _____	Postcode _____
e-mail _____	Phone Number _____
Date of Birth _____	Relationship _____

EDUCATION AND QUALIFICATIONS

Date From and To	Name and Address of School	Subjects Taken	Exam Dates	Expected/Achieved Grades

EMPLOYMENT RECORD

Date From and To	Name and Address of Employer	Position held	Salary	Reasons for leaving

MEDICAL HISTORY

Have you ever had or suffered from:?

- | | | |
|---------------------|------------------------------|-----------------------------|
| Any serious illness | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Major operation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Epileptic fits | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Asthma | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Bronchial disorders | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Skin complaint | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answered yes to any of the above, please give details on a separate sheet.

CRIMINAL CONVICTIONS

Do you have any criminal convictions? Yes No

If Yes please give details on a separate sheet, this should exclude any spent convictions under Section 4(2) of the Rehabilitation of Offenders Act 1974.

EQUAL OPPORTUNITIES

It is our policy not to discriminate against any person because of their sex, race, disability or sexual orientation.

Please assist us in the monitoring of this policy by providing details below. The information provided will only be used for this purpose.

Please tick:

White	<input type="checkbox"/>	Male	<input type="checkbox"/>
Mixed	<input type="checkbox"/>	Female	<input type="checkbox"/>
Black	<input type="checkbox"/>	Transgender	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Registered Disabled	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Registered Blind	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Partially sighted	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	Deaf	<input type="checkbox"/>
Other	<input type="checkbox"/>		

DECLARATION

The information supplied in this application form is accurate to the best of my knowledge.

Signature

Date

THANK YOU FOR COMPLETING THIS APPLICATION FORM

PLEASE RETURN IT ALONG WITH AN A3 MOOD BOARD ABOUT YOURSELF TO

PAUL KNIGHTS HAIR SPA, 57 ABERFORD RD, OULTON, LEEDS, LS26 8JA

FOR INTERNAL USE ONLY

Invite to interview? Yes No

Offer position? Yes No

Interviewer

Position

Start Date

Salary

Additional Notes
