

## APPLICATION FOR EMPLOYMENT

### FRONT OF HOUSE

Please attach a  
photograph of  
yourself here

### PERSONAL INFORMATION

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

Are there any restrictions regarding your employment? Yes  No   
(e.g do you require a Work Permit)? If yes, please give details on a separate sheet.

## EDUCATION AND QUALIFICATIONS

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

Other Training (i.e. evening classes)

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Hobbies and Interests

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Do you hold a drivers licence?

Yes

No

Do you have any driving penalties?

Yes

No

## EMPLOYMENT RECORD

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

Have you ever been asked to resign or been dismissed? If yes, please give details below

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When are you available to start work? \_\_\_\_\_

## REFERENCES

Please give name, address and position/occupation of two referees. One must be your present or most recent employer. References will only be taken up for the successful candidate. Testimonials or references from friends and relatives are not acceptable.

Name _____	Name _____
Position _____	Position _____
Address _____	Address _____
_____	_____
Postcode _____	Postcode _____
Phone _____	Phone _____
E-mail _____	E-mail _____

## 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.

## 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"/>	

## 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.

## DECLARATION

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

Upon consideration for the position, I authorise investigation of all statements contained in this application form. I also authorise my previous employers, school or personal references to give any information regarding my employment, scholastic standing or any other information, personal or otherwise. I understand that misrepresentation or omission of facts and receipt of unsatisfactory reference will be sufficient cause for dismissal from the company's service if I have been employed.

Signature \_\_\_\_\_

Date \_\_\_\_\_

THANK YOU FOR COMPLETING THIS APPLICATION FORM  
PLEASE RETURN IT ALONG WITH A COPY OF YOUR PORTFOLIO TO

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

IF YOU DO NOT HAVE A PORTFOLIO, DON'T WORRY, PLEASE CREATE A  
MOOD BOARD THAT REPRESENTS YOUR STYLE AND PASSION FOR HAIR

## FOR INTERNAL USE ONLY

Invite to interview?

Yes

No

Offer position?

Yes

No

Interviewer \_\_\_\_\_

Position \_\_\_\_\_

Start Date \_\_\_\_\_

Salary \_\_\_\_\_

Additional Notes \_\_\_\_\_