

APPLICATION OF EMPLOYMENT

Position Applied for: _____

Salon Applied for: _____

Date of Application: _____

REFERENCE NUMBER: _____

Surname: _____ Forenames: _____

Home Address: _____

_____ Email: _____

Home Telephone number: _____ Mobile number: _____

Source of Application: (*internet/advertisement/friend/general enquiry*) _____

Why would you like to work for essentials?

Tell us why you think we should consider you for the role you are applying for?

DETAILS OF EDUCATION & QUALIFICATIONS: *including school, college, etc...*

Dates attended	Name of school / college / institution	Address	Exams Taken	Qualifications Achieved

EMPLOYMENT HISTORY: *(start with most recent and continue on a separate page if necessary)*

Dates of Employment	Company Name & Address	Type of Company	Position held	Salary	Reason for Leaving

Notice of resignation required by current employer? _____

Any Further training / qualifications / courses attended: _____

Do you speak or read a foreign language? _____

Hobbies & Interests: _____

ENTITLEMENT TO WORK IN THE U.K: *You will be required to provide proof of your entitlement to work in the U.K*

Are you legally able to work in the UK? Yes No *(tick relevant box)*

Do you need a work permit to work in the U.K.? Yes No *(tick relevant box)*

Do you hold a current work permit? Yes No *(tick relevant box)*

Please give details of your work permit if relevant: _____

MEDICAL QUESTIONNAIRE

Please answer the following questions in the space

provided:

	Question	Answer
1	Please state whether you have any specific requirements or require any adjustments in order to attend a potential interview?	
2	In relation to the job role you have applied for, do you have any physical, medical or health issue which may impact on your ability to carry out the role?	

Do you hold a current Driving Licence? Yes No (tick relevant box)

Please state whether you have any points or other motoring convictions _____

Please state whether you have any unspent criminal convictions (other than driving

Convictions) Yes No (tick relevant box)

If you have answered yes, to having unspent criminal convictions, please give details below:

REFERENCES: *(name & address of 2 people NOT RELATED. One must be from your most recent employer)*

Name: Relationship to you: Job Title: Address: Telephone Number:	Name: Relationship to you: Job Title: Address: Telephone Number:
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DECLARATION

The above particulars are correct and I understand that all appointments are subject to the following:

- **Entitlement to work in the U.K.**
- **Satisfactory References**
- **The entries on this form being accurate**
- **A Medical Report (where appropriate)**

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 am employed.

I give the employer the right to investigate all of the references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organisations for furnishing such information.

For official use only

Interview notes/reasons for rejection:

Appointment detail

Dent:

Job title:

Salary:

Start date:

Date:

SIGNED: _____ **Date:** _____

EQUAL OPPORTUNITIES MONITORING FORM

THIS PAGE WILL NOT BE VIEWED DURING THE SELECTION PROCESS

In accordance with its equal opportunities statement, the company will provide equal opportunities to all employees and job applicants and will not discriminate either directly or indirectly on the grounds of race, colour, ethnic origin, nationality, national origin, sex, marital status, disability, age, sexual orientation, religion or race.

In order to enable the Company to ensure compliance with its policy statement, a system of monitoring has been set up. We would be grateful if you could help us start this procedure by completing this form anonymously as an existing member of staff.

You may of course decide not to answer any of these questions but if you do respond, all information provided will be treated in confidence and will be used solely by the Human Resources department for the purpose of providing statistics for equal opportunities monitoring.

GENDER: MALE Δ
FEMALE Δ

DISABILITY: NONE Δ
PHYSICAL DISABILITY Δ
MENTAL DISABILITY Δ
PREFER NOT TO SAY Δ

SEXUAL ORIENTATION: HETEROSEXUAL Δ
HOMOSEXUAL Δ
BISEXUAL Δ
TRANSEXUAL Δ
PREFER NOT TO SAY Δ

AGE BAND: UNDER 18 Δ
18 – 29 Δ
30 – 39 Δ
40 – 49 Δ
50 – 59 Δ
60 – 65 Δ
OVER 65 Δ

WHAT IS YOUR ETHNIC GROUP?

WHITE: BRITISH Δ
IRISH Δ

OTHER WHITE BACKGROUND (PLEASE SPECIFY) _____

MIXED: WHITE AND BLACK CARIBBEAN Δ
WHITE AND BLACK AFRICAN Δ
WHITE AND BLACK BRITISH Δ
WHITE AND ASIAN Δ

OTHER MIXED BACKGROUND (PLEASE SPECIFY)

ASIAN:	INDIAN	△
	PAKISTANI	△
	BANGLADESHI	△
	BRITISH	△

OTHER ASIAN BACKGROUND (PLEASE SPECIFY)

CHINESE	△
JAPANESE	△

ANY OTHER ETHNIC GROUP NOT SHOWN ABOVE

BLACK:	CARIBBEAN	△
	AFRICAN	△
	BRITISH	△

OTHER BLACK BACKGROUND (PLEASE SPECIFY)

OTHER ETHNIC GROUP (PLEASE SPECIFY)

PREFER NOT TO SAY	△
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RELIGION:	CHRISTIAN	△
	CATHOLIC	△
	JEWISH	△
	SIKH	△
	MUSLIM	△
	HINDU	△
	BUDDHIST	△
	RASTAFARIAN	△
	NONE	△
	PREFER NOT TO SAY	△

OTHER RELIGION (PLEASE SPECIFY)

For the purposes of compliance with the data protection act 1998, I hereby confirm that completing this form I give my consent to the company processing the data supplied on this form for the purposes of equal opportunities monitoring.

DATE:

Please send your completed Application form to
info@essentialsbath.com OR by post to: essentials Bath 1
Upper borough walls, Bath, BA1 1RG