# APPLICATION FORM

## ABOUT THE JOB

THANK YOU FOR YOUR INTEREST IN JOINING THE BUTCHIES FAMILY, PLEASE FILL IN THE BELOW APPLICATION FORM

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| WHICH POSITION ARE YOU APPLYING FOR? | GENERAL MANAGER | | ASSISTANT MANAGER | | A BUTCHIE (TEAM MEMBER) | | |
| | | | IF YOU ARE APPLYING FOR BUTCHIE | | FULL TIME | | PART TIME |
| WHICH RESTAURANT WOULD YOU LIKE TO WORK IN? | | | 1ST CHOICE | | 2ND CHOICE | | |

PLEASE LET US KNOW WHY YOU'D LIKE TO WORK FOR BUTCHIES

HOW DID YOU HEAR ABOUT US?

## PLEASE TELL US ABOUT YOURSELF

| | | | | | |
|---|---|---|---|---|---|
| YOUR NAME (IN BLOCK CAPITALS PLEASE) | | YOUR ADDRESS | | | |
| | | | POSTCODE | | |
| YOUR HOME TELEPHONE NUMBER | | IS THIS YOUR PERMANENT ADDRESS? | YES | | NO |
| YOUR MOBILE NUMBER | | DO YOU HAVE AND UNSPENT CRIMINAL CONVICTIONS, NOT COVERED BY THE REHABILITATION OF OFFENDERS ACT? | YES | | NO |
| DO YOU CURRENTLY HAVE THE RIGHT TO WORK IN THE UK? | YES | | NO | IF YES PLEASE GIVE DETAILS | |

IF YOU ARE INVITED TO AN INTERVIEW, PLEASE BRING A COPY OF YOUR PASSPORT AND WORK PERMIT WITH YOU

OUR RESTAURANTS ARE OPEN EVENINGS, WEEKENDS AND HOLIDAYS, WHAT HOURS ARE YOU NORMALLY AVAILABLE TO WORK? (TICK BOX)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| DAYTIME | | WEEKENDS | | EVENINGS | | WEEKDAYS | |

OTHER (PLEASE STATE)

IF APPLYING FOR MANAGEMENT POSITION, WHAT DO YOU ENJOY ABOUT MANAGEMENT?

HOW WOULD YOUR CURRENT FRIENDS/COLLEAGUES DECRIBE YOU?

## PLEASE TELL US ABOUT YOUR QUALIFICATIONS OR LIFE EXPERIENCES

| | | | | | |
|---|---|---|---|---|---|
| SCHOOL/COLLEGE/UNIVERSITY/OTHER | | FROM | / / | TO | / / |
| SCHOOL/COLLEGE/UNIVERSITY/OTHER | | FROM | / / | TO | / / |
| SCHOOL/COLLEGE/UNIVERSITY/OTHER | | FROM | / / | TO | / / |

## WHEN WOULD YOU BE AVAILABLE FOR AN INTERVIEW?

IF YOU HAVE A CV PLEASE ATTACH A COPY

# PLEASE TELL US ABOUT YOUR EMPLOYMENT HISTORY

| PREVIOUS JOB ONE | | EMPLOYMENT DATES | | EMPLOYER'S NAME | |
|---|---|---|---|---|---|
| FROM | / / | TO | / / | EMPLOYERS ADDRESS | |
| POSITION YOU HELD | | | | NAME OF PERSON YOU REPORTED TO & HER/HIS JOB TITLE | |
| WAGE PER HOUR OR SALARY | £ | | | | |
| REASON FOR LEAVING | | | | | |

| PREVIOUS JOB TWO | | EMPLOYMENT DATES | | EMPLOYER'S NAME | |
|---|---|---|---|---|---|
| FROM | / / | TO | / / | EMPLOYERS ADDRESS | |
| POSITION YOU HELD | | | | NAME OF PERSON YOU REPORTED TO & HER/HIS JOB TITLE | |
| WAGE PER HOUR OR SALARY | £ | | | | |
| REASON FOR LEAVING | | | | | |

| PREVIOUS JOB THREE | | EMPLOYMENT DATES | | EMPLOYER'S NAME | |
|---|---|---|---|---|---|
| FROM | / / | TO | / / | EMPLOYERS ADDRESS | |
| POSITION YOU HELD | | | | NAME OF PERSON YOU REPORTED TO & HER/HIS JOB TITLE | |
| WAGE PER HOUR OR SALARY | £ | | | | |
| REASON FOR LEAVING | | | | | |

WHICH JOB DID YOU ENJOY MOST & WHY?

# HEALTH & SAFETY AND FOOD HYGIENE

HAVE YOU, OR ANY CLOSE FAMILY/MEMBER OF YOUR HOUSEHOLD WHO YOU HAVE REGULAR CONTACT WITH, SUFFERED FROM ANY OF THE FOLLOWING ILLNESSES WITHIN THE LAST MONTH?
TYPHOID, PARATYPHOID, CHOLERA, DYSENTERY, GASTROENTERITIS, SLAMONELLA OR ANY OTHER FOOD POISONING INFECTIONS?

| YES | | NO | | IF YES, PLEASE NAME THE ILLNESS AND WHEN IT WAS | |
|---|---|---|---|---|---|
| PLEASE ALSO PROVIDE WHO HAD IT | | | | | |

| HAVE YOU EVER HAD, OR ARE YOU KNOWN TO BE A CARRIER OF, TYPHOID OR PARATHYPHOID? | YES | | NO | |
|---|---|---|---|---|
| DO YOU SUFFER FROM ANY NON-FOOD RELATED ALLERGIES/MEDICAL CONDITIONS? | YES | | NO | |
| DO YOU SUFEFER FROM BOILS, STIES, SEPTIC FINGERS OR DISCHARGES FROM EYES, EARS OR GUMS/MOUTH? | YES | | NO | |

WE MAY NOT BE ABLE TO ALLOW YOU TO START WORK WITH US UNTIL YOUR POTENTIALLY INFECTIOUS PERIOD IS OVER.
WE MAY NEED PERSMISSION TO CONTACT YOUR DOCTOR TO ESTABLISH WHEN THIS MIGHT BE.

PLEASE STATE ALL THAT APPLY

| DO YOU SUFFER FROM RECURRING SKIN OR EAR TROUBLE, OR ANY RECURRING BOWEL DISORDERS? | YES | | NO | |
|---|---|---|---|---|

PLEASE STATE ALL THAT APPLY

THIS INFORMATION WILL BE USED TO ASSESS YOUR SAFETY IN HANDLING THE FOODS AND CLEANING MATERIALS USED IN OUR RESTAURANTS

| DO YOU HAVE A DISABILITY, LONG TERM MEDICAL CONDITION WHICH COULD AFFECT YOUR CAPACITY TO CARRY OUT THE DUTIES OF THE JOB YOU ARE APPLYING FOR? | YES | | NO | |
|---|---|---|---|---|

IF YES, PLEASE OUTLINE ANY REASONABLE ADJUSTMENTS WHICH YOU MIGHT NEED AT AN INTERVIEW/OR TO CARRY OUT THE DUTIES OF THE JOB

IF YOU DO HAVE A DISABILITY THAT WOULD AFFECT YOU AT WORK; WE MAY NEED TO SEE A MEDICAL REPORT OR ASK YOU TI SEE AN OCCUPATIONAL HEALTH SPECIALIST TO ENSURE YOUR HEALTH AND SAFETY AT WORK AND TO FINALISE WHAT ADJUSTMENTS YOU MAY NEED.

# YOUR DECLERATION

I UNDERSTAND THAT ANY OFFER OF EMPLOYMENTIS SUBJECT TO MY APPLICATION DETAILS BEING CORRECT, MY REFEREES PROVING SATISFACTORY AND THE COMPANY BEING ABLE TO MAKE ANY NECESSARY ADJUSTMENTS TO COVER ANY LONG-TERM DISABLITY. INFORMATION GIVEN IN THIS APPLICATION WILL BE CONTROLLED UNDER DATA PROTECTION LEGISLATION AND WILL BE USED FOR THE PURPOSES OF RECRUITMENT WITHIN THE ORGANISATION. SHOULD YOUR APPLICATION BE SUCCESSFUL, THE INFORMATION WILL THEN BE USED FOR YOUR STAFF RECORD AND FOR PAYROLL PURPOSES. IF UNSUCCESSFUL, YOUR INFORMATION WILL BE KEPT SECURELY ON FILE FOR 6 MONTHS AND THEN DESTROYED. MAY WE HAVE YOUR PERMISSION TO PROCESS THE INFORMATION BOTH MANUALLY AND AUTOMATICALLY FOR THESE PURPOSES?

| | YES | | NO | |
|---|---|---|---|---|