

Seasonal Job Application Form



Please ensure that ALL boxes are filled in
If a question is not applicable to you enter either NONE or n/a as appropriate.

Name:				Date of Application:			
Full Address:							
Telephone:		[][][][][][]		Mobile:		[][][][][][] - [][][][][][]	
D.O.B.		Age:		Student: Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
Position Applying for:							
Do you have any experience in this area				Yes: <input type="checkbox"/>		No: <input type="checkbox"/>	
Do you have any qualifications in the area				Yes: <input type="checkbox"/>		No: <input type="checkbox"/> (if yes use box below)	
Relevant Experience / Qualifications:							
Dates available to work:		From:		To:			
Hours:		Seasonal Full Time:		Seasonal Part Time:			
Important Note: The Needles is a seven day operational site (including Bank Holidays), days off may be flexible and employment does entail weekend work.							
Would you require a bus pass:				Yes: <input type="checkbox"/>		No: <input type="checkbox"/>	
Have you worked at The Needles before:				Yes: <input type="checkbox"/>		No: <input type="checkbox"/>	
Dept:							
If Yes give approximate dates:							
If Yes give reason for leaving:							
Previous Employment Details							
Details of employers from whom references will be sought:				Dates of Employment & Reason for leaving			
Character & Work Experience References:				Yes: <input type="checkbox"/>		No: <input type="checkbox"/>	
Cash Handling References:				Yes: <input type="checkbox"/>		No: <input type="checkbox"/>	
If working may we contact your current employer for a reference:				Yes: <input type="checkbox"/>		No: <input type="checkbox"/>	
Notice Required in current post:							
Other Employment Details							
Please note any other employment you would continue with if you were successful in obtaining this position.							
May we contact this employer for a reference:				Yes: <input type="checkbox"/>		No: <input type="checkbox"/>	

Criminal Record					
Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. - If None please state.					
Health Details					
Are you a smoker		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Please Note the company operates a strict smoking policy.	
Please list any diseases, disorders, allergies, muscular or muscular skeletal injuries from which you have suffered or do suffer.					
Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.					
Do you give permission for the Medical & Supervisory staff you will be working with to be made aware of any of the details you have given in the last two sections:				Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Please list all absences from work in the past 12 months and the reasons for such absences.					
Are you disabled		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	If Yes please give details and specify any special needs in relation to your disability	
DECLARATION (please read this carefully before signing this application)					
<p>1. I confirm that the information I have given on this form is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered or commenced.</p> <p>2. I understand that the company reserves the right to perform a Police Data Check if they consider it necessary.</p> <p>I agree that the organisation reserves the right to require me to undergo a medical examination.</p> <p>(Should we (the company) require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and to obtain your permission prior to contacting your doctor).</p>					
Signed				Date	
Office Use Only					
Interview Date		Offer L / P	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Rejection L / P	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Acceptance L / P	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	References	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Medical	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Start Date		Signature:		Bus Pass	Yes: <input type="checkbox"/> No: <input type="checkbox"/>