



Recruitment February 2014

APPLICATION FORM GUIDELINES

Once you have identified the perfect role for you within our business, you are ready to begin the application process.

1. Download an application form from our website
2. Return your completed application form to us at the following email address

recruitment.alfreds.bar.grill@outlook.com

*Due to a high volume of applicants, and an updated recruitment policy, we will no longer be able to accept a C.V as an appropriate form of expression of interest to work with us.

*If you would prefer to submit your application in person, please place your application form and a completed C.V into a sealed envelope marked for the attention of Mr D. Phillips. This is the only way we can guarantee and uphold The Data Protection Act (in line with company and government guidelines).

We treat your details as strictly confidential. We will never ask you to send any personal financial information (including bank account details) or offer you a role for which you have never applied or taken part in an interview with the team.

All or part of your application may be stored in a computerised system; however we will fully comply with the Data Protection Act.



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APPLICATION FORM

Please complete each section. This information will be treated as strictly confidential and all or part may be contained in a computerised system. The requirements of the Data Protection Act will be fully complied with.

General Information

Name:

Position applied for:

How did you hear of this vacancy?

Salary expected:

Type of employment:

Full time: []

Part time: []

FOR OFFICE USE ONLY:

Application received (date):

Application seen by:

Application criteria met:

Invited for interview? YES NO

Interview booked for:

Personal Details

Title: Mr [] Mrs [] Miss [] Ms [] Other (please specify)

Surname:

First Name:

Contact Address:

Home Tel No:

Mobile No:

Are you available to work during term time only?

Yes [] No []

Term Address: (if applicable)

National Insurance No:

Are you required by law to have a work permit?

Yes [] No []

If yes, what type and number.

Type:

Number:

To ensure efficient processing of this information please attach a copy of work permits & password details

Application questions

What do you consider your main achievements to be at this stage of your career / studies / education or personal life?

Provide an example of when you have either given or received exceptional customer service.

Provide an example of a time when you have worked in a successful team - what were your achievements and what was the outcome?

Any further information you wish to give which may be relevant to your application?

(Please continue on a separate sheet if necessary)

Details of endorsements:

Do you hold a current driving licence?

Yes [] No []

Have you ever been convicted of a criminal offence that is not spent as defined in the Rehabilitation of Offenders Act 1974- including endorsements on your drivers licence.

Yes [] No []

If yes, give details:

If successful in obtaining a position with Alfred's Bar and Grill will this be your sole employment?

Yes [] No []

If no, please provide details of additional employment commitments, i.e. hours per week, type of employment.

*Please note, under the working time directive regarding the 48 hour week, if you have stated that this will not be your sole employment, you will be required to sign an individual opt-out agreement to allow you to work in excess of 48 hours per week averaged over 17 weeks across both employments.

When would you be free to take up a new appointment?

If you are seeking causal work please indicate below your availability to work. Please mark all that are applicable with an "X"

*please remember we are a 365 day business operating 7 days a week

	Day	Evening	Split shifts
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Further Information

The company does not discriminate against employees and job applicants with disabilities. Information provided in this section is used to assess whether or not a disability affects an applicant's ability to carry out the relevant role and if so, whether any reasonable adjustment can be made to the role to accommodate an applicant's disability.

Are you registered disabled?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please give details of your disability and what reasonable adjustments do you think we could make to facilitate you in your role

Are you suffering from any re-occurring or long-term illness that may affect your ability to carry out your day to day activities?

Complete this section if you are applying for the position as a food handler. These roles require compliance with relevant food safety and hygiene laws. This information is, therefore, sought to ascertain whether your medical history affects your Ability to carry out this role and, if so, whether any adjustments can be made to the role to Accommodate these medical issues.

Yes No

Are you suffering from or have you ever suffered from:

Such diseases as typhoid, cholera, hepatitis

Yes No

Recurring diarrhoea

Yes No

Skin disease or dermatitis

Yes No

Allergy (to any drugs or handling any substance)

Yes No

References:

Delete all information that is not applicable. (In providing details you are giving your consent for us to contact referees without reference to you. No information, however, will be requested from your current employer without your consent). References must be related to your last two employers or, if no previous employment, your school/college. Where this is not possible a character reference may be requested. (This person cannot be a member of your family)

Name:
Mr / Mrs / Miss / Ms:
Job Title:
Company name:
Address:
Telephone:
Type of reference Employer / School / College:
Email:

Name:
Mr / Mrs / Miss / Ms:
Job Title:
Company name:
Address:
Telephone:
Type of reference Employer / School / College:
Email:

General declaration

I declare that the above information is true and correct and accept that any mis-statement of information may mean the cancellation of any appointment, which is subject to the receipt of satisfactory references.

I understand that completion of this form does not constitute an offer of employment.

Signed:

Date

Optional Equal Opportunities Questionnaire

Alfred's Bar and Grill have adopted an equal opportunities policy to ensure no employee or job applicant shall receive less favourable treatment on the grounds of race, sex, age, marital status, disability, religion or political beliefs. The Company monitors this policy through compiling information about its employees and job applicants.

To enable the company to undertake this monitoring process, please complete all of this section. Completion of this section is, however, voluntary and you will not be penalised should you decline to do so.

This information is compiled for statistical purposes only. It does not form part of your application and is separated from the main application form prior to consideration of your application.

1. Your ethnic background (please tick as appropriate)
White
British Irish Any other White background (please specify)
Mixed
White and Black Caribbean White and Black African White and Asian Any other mixed race background (please specify)
Asian or Asian British
Indian Pakistani Bangladeshi Any other Asian background (please specify)
Black or Black British
Caribbean African Any other Black Background (please specify)
Chinese or other ethnic group
Chinese Any other please specify
2 Disability
Do you consider yourself to be disabled? Yes No
If so, what assistance can we offer you:
3. Sex
I am male I am female