

## CONFIDENTIAL APPLICATION FORM

Application for the position of: \_\_\_\_\_

### Personal Details

<b>Title</b>	<i>(Mr/Mrs/Miss/Ms)</i> _____	<b>Starting Date</b>	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
<b>First Name</b>	_____	<b>Last Name</b>	_____							
<b>Any Former Names</b>	_____	<b>Tel (Home)</b>	_____							
<b>Address</b>	_____	<b>Tel (Mobile)</b>	_____							
	_____	<b>Email</b>	_____							
	_____	<b>N. I. No.</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Post Code</b>	_____	<b>Place of Birth</b>	_____							
If less than 5 years at current address, please state previous address		<b>Nationality</b>	_____							
<b>Address</b>	_____	<b>Do you Require a work permit/visa?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No					
	_____	<b>If Yes, Expiry Date</b>	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
<b>Post Code</b>	_____									

### Emergency Contact Details

<b>Name</b>	_____	<b>Nickname (If any)</b>	_____
<b>Address</b>	_____	<b>Relationship</b>	_____
	_____	<b>Tel (Home)</b>	_____
<b>Post Code</b>	_____	<b>Tel (Mobile)</b>	_____

### Bank Details

<b>Do you have a bank account?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Bank Name</b>	_____	<b>Account in Name of</b>	_____
<b>Account No.</b>	<input type="text"/>	<b>Sort Code</b>	<input type="text"/>

### Equal Opportunities

At Select Drinks we are committed to Equal Opportunities. To help monitor the effectiveness of our policy, please tick one of the boxes below.

<input type="checkbox"/> <b>Bangladeshi</b>	<input type="checkbox"/> <b>Black African</b>	<input type="checkbox"/> <b>Black Other</b> <small>Please specify</small> _____	<input type="checkbox"/> <b>Chinese</b>
<input type="checkbox"/> <b>Indian</b>	<input type="checkbox"/> <b>Pakistani</b>	<input type="checkbox"/> <b>Other</b> <small>Please specify</small> _____	<input type="checkbox"/> <b>White</b>

**Gender:**  **Male**  **Female**      **Marital Status:** \_\_\_\_\_

No. & age of Children: \_\_\_\_\_      Are you colour-blind?  Yes  No

Are you in good health?  Yes  No      How many days have you been absent due to illness over the last 12 months? \_\_\_\_\_

Are you registered as a disabled person?  Yes  No      If Yes give your registration No. \_\_\_\_\_

Note here dates and details of any serious illnesses / operations (current or past) and details of any disabilities:

\_\_\_\_\_

\_\_\_\_\_

## Criminal Convictions

Have you ever been cautioned/convicted of a criminal offence? (Subject to the Rehabilitation of Offenders Act)  Yes  No

If YES, give details \_\_\_\_\_

Are you the subject of any current proceedings, police or other enquires?  Yes  No

If YES, give details \_\_\_\_\_

Are you/or have you been the subject of bankruptcy proceedings or court judgements for debt?  Yes  No

If YES, give details \_\_\_\_\_

Do you own a car?  Yes  No      Do you have a current driving Licence?  Yes  No

Do you have any current Endorsements on your driving Licence?  Yes  No

If YES, give details \_\_\_\_\_

## Education & Training

Dates (Month/Year)		Establishment Address & Telephone No	Examination Passed/ Professional Qualifications/ Training
From	To		

## Hobbies

## Service Record

Royal Navy/ Army/ R.A.F/ Police/ Fire Services/ Merchant Navy (Delete as appropriate)

Dates (Month/Year)		Conduct Record
From	To	

## Unemployment Record

Dates (Month/Year)		Benefit Office Address
From	To	



## Character References

Please give details of two persons, not related to you, who have known you for at least 5 years within the last 10 years.

<b>Name</b>	_____	<b>Name</b>	_____
<b>Address</b>	_____ _____	<b>Address</b>	_____ _____
<b>Post Code</b>	_____	<b>Post Code</b>	_____
<b>Occupation</b>	_____	<b>Occupation</b>	_____
<b>Tel</b>	_____	<b>Tel</b>	_____
<b>Period Known (Years)</b>	_____	<b>Period Known (Years)</b>	_____

## Business and Trade References

If you have shown periods of self-employment, give names of 2 professional referees who can confirm these, e.g. Solicitor, Accountant

<b>Name</b>	_____	<b>Name</b>	_____
<b>Address</b>	_____ _____	<b>Address</b>	_____ _____
<b>Post Code</b>	_____	<b>Post Code</b>	_____
<b>Occupation</b>	_____	<b>Occupation</b>	_____
<b>Tel</b>	_____	<b>Tel</b>	_____
<b>Period Known (Years)</b>	_____	<b>Period Known (Years)</b>	_____

## Declaration

I confirm that the information given on this form is, to the best of my knowledge true and complete. Any false statement may be sufficient cause for rejection, or if employed, dismissal.

I understand that my employment is subject to satisfactory vetting. I hereby authorise Select Drinks to obtain references to support this application before or after an offer has been made and release the company and referees from any liability caused by giving and receiving information.

I also agree that at any time, if requested to do so, I will undergo a medical examination and consent to the result of any such examination being revealed to the Company.

Signed

Dated

## For office use only

- All Original Documents checked and copies taken e.g. Passport, NI Card,
- Two Proofs of Address checked and copies taken (Utility Bills etc.)
- Completed P46 (and/or obtained P45)
- Completed Insurance Broker Form with a copy of Driving Licence (for drivers only)
- References checked
- Induction date and time arranged
- Confidentiality Agreement signed
- Contract signed
- Job Description issued
- Picture taken for Select Drinks ID Card

Interviewer signed

Dated