



<b>OFFICE USE ONLY</b>		DATE RETURNED	D D M M Y Y	DATE CALLED FOR INTERVIEW - TELEPHONE/LETTER/E-MAIL	D D M M Y Y	
1ST INTERVIEW APPOINTMENT - DATE		D D M M Y Y	TIME	:	am/pm	INTERVIEWER(S)
2ND INTERVIEW APPOINTMENT - DATE		D D M M Y Y	TIME	:	am/pm	INTERVIEWER(S)
DATE OF COMMENCEMENT:		D D M M Y Y	STARTING PAY/SALARY *	£ . per hr.	£ . per wk.	£ . per annum.
STP21 COMPLETED AND ATTACHED		COPY OF DRIVING LICENCE ATTACHED IF APPLICABLE - YES / NO*		DEL. BONUS	p per Del.	
P45 ATTACHED	YES / NO*	IF NO - P46 COMPLETED AND ATTACHED -	YES/NO*	IF NO - CONFIRM PAYE AT BR	✓ <input type="checkbox"/> (* DELETE AS APPLICABLE)	
DATE DRIVING TEST PASSED	D D M M Y Y	ENDORSEMENTS CHECKED	✓ <input type="checkbox"/>	BANK DETAILS/N.I. NUMBER/UNIFORM SIZES CHECKED	✓ <input type="checkbox"/>	
PERMISSION TO APPLY FOR REFERENCES COMPLETED AND SIGNED			✓ <input type="checkbox"/>	REFERENCES RECEIVED - REF 1	✓ <input type="checkbox"/>	REF 2
			✓ <input type="checkbox"/>	✓ <input type="checkbox"/>	✓ <input type="checkbox"/>	

### NOTE TO ALL APPLICANTS - PLEASE READ FOLLOWING NOTES CAREFULLY

Please complete all sections of this form. (EXCEPT THOSE MARKED FOR OFFICE USE ONLY) It is important that you complete the application form neatly and in your own handwriting in ink or ball point pen - Forms which are not fully and accurately completed will not be considered. All information given will be treated as private and confidential. We will only apply for references after you have given your permission. Thank you.

Date	DAY	MONTH	YEAR	Store you wish to work at
Position applied for - Counter Staff ✓ <input type="checkbox"/> Delivery Driver ✓ <input type="checkbox"/> Management Trainee ✓ <input type="checkbox"/>				
Availability for work - Full time ✓ <input type="checkbox"/> Part time ✓ <input type="checkbox"/>				

### PERSONAL DETAILS

Surname:	Title: Mr. ✓ <input type="checkbox"/> Mrs. ✓ <input type="checkbox"/> Miss ✓ <input type="checkbox"/> Ms. ✓ <input type="checkbox"/>
First Name(s)	
Home Address	
Home Telephone Number	
Post Code	
Mobile Telephone Number	Date of Birth
	DAY MONTH YEAR

### EDUCATION DETAILS

Schools attended from age 11	Dates		Examinations Passed	
Name & Address of School(s)	From	To	Subjects	Results
Details of Further Education	Dates		Examinations Passed/Training Completed	
Name & Address of College/University	From	To	Subjects	Results



## MEDICAL QUESTIONNAIRE - to be completed by all applicants

Name of your Doctor: \_\_\_\_\_

Your Doctor's Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Doctor's Telephone No. \_\_\_\_\_

Health & Hygiene is extremely important to all who work in the food service industry. The Company reserves the right at all times to refer you to a doctor appointed by the company so that a medical examination can be carried out.

Please indicate if you have ever suffered from any of the conditions listed below and if you answer YES give details including date of last incidence and number of days absent from work/school in the last three years

CONDITION	YES/NO	DETAILS/DATE OF LAST INCIDENCE	No. of days Absence in last 3 years
Fits or loss of consciousness, eg epilepsy, blackouts etc			
Any Chest Ailments, eg asthma, bronchitis, pleurisy etc			
Frequent upper respiratory infections, eg colds, sore throats etc			
Mental Illness, including depression, anxiety, tension state etc			
Heart/circulatory problems angina, high/low blood pressure etc.			
Any skin disease or any allergies			
Back, joint, ligament, muscular problems eg sciatica etc			
Hearing/Sight problems eg colour blindness, deafness etc			
Frequent/Severe headaches, eg migraine etc			
Gastro-intestinal, gynaecological, genito-urinary problems etc			
Any chronic or recurrent infection of the eyes or ears			
Bowel upset or recurrent diarrhoea			
Take any kind of medication or receive any medical treatment			
Any other problems eg Diabetes			
Any of the above medical problems in your immediate family			
Visited a doctor or consultant in the past three years			
Been in hospital or attended out patients in the past five years			

Ever been off work because of any illness or accident

Height :	cms.	Weight :	Kilos	Inside Leg :	cms
Chest/Bust Size :	cms.	Waist Size :	cms	Hip Size :	cms

### GENERAL INFORMATION

Please give details of membership of any professional, trade or leisure organisations

Please give details of any Community and/or Voluntary work undertaken

Dates From	To	Name & Address of Organisation	Position Held and/or title	Brief details of responsibilities

## GENERAL INFORMATION - continued

Please give brief details of your hobbies and special interests:

Please give details of any Public duties undertaken: eg JP, local councillor etc

Do you need a Work Permit to work in the UK? YES/NO If yes - Work Permit No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Have you ever been convicted of a criminal offence? YES/NO (Declaration subject to the Rehabilitation of Offenders Act)

If offered a position with Snappy Tomato Pizza will you continue to work in any other capacity? YES/NO  
If YES - Please give details

## REFERENCES

Please give details of two people (not relatives) who we may approach for references, after obtaining your permission

NAME	NAME
ADDRESS	ADDRESS
POST CODE	POST CODE
OCCUPATION	OCCUPATION
TELEPHONE No.	TELEPHONE No.

## PAYROLL DETAILS - essential information for payment of wages

NATIONAL INSURANCE No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

BANK NAME:

BANK ADDRESS:

POST CODE:

BANK ACCOUNT No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

BANK SORT CODE No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

## RECRUITMENT POLICY - EQUAL OPPORTUNITIES

Snappy Tomato Pizza is an equal opportunities employer. It is our policy to employ the best qualified personnel and to provide equal opportunities for the advancement of employees including training and promotion regardless of race, colour, national origin, sex, marital status, age or disability. Applicants are requested to assist the company to monitor its performance as an equal opportunities employer by placing a tick in the relevant boxes below. Monitoring is recommended by the Codes of Practice for the elimination of discrimination. The information is used for no other purpose and will be treated as strictly confidential.

SEX	RACE OR CULTURAL ORIGIN				DISABILITY
	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	ASIAN <input type="checkbox"/> BANGLADESHI <input type="checkbox"/> CHINESE <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN PAKISTAN <input type="checkbox"/> WHITE IRISH <input type="checkbox"/> BLACK AFRICAN <input type="checkbox"/> BLACK CARIBBEAN ASIAN OTHER <input type="checkbox"/> (PLEASE DESCRIBE) _____ OTHER <input type="checkbox"/> (PLEASE DESCRIBE) _____ BLACK OTHER <input type="checkbox"/> (PLEASE DESCRIBE) _____ DO NOT WISH TO STATE ETHNIC ORIGIN <input type="checkbox"/>	DO YOU HAVE A DISABILITY? YES / NO IF YES, ARE YOU REGISTERED? YES / NO IF YES, PLEASE PROVIDE REGISTERED NUMBER <input type="text"/>		

## DECLARATION

I confirm that the information given on this form is true and complete.  
I understand that any false statement or information may be sufficient cause for rejection or, if employed, dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY - UNIFORM REQUIREMENTS

SNAPPY HAT	QTY. <input type="text"/>	SNAPPY TROUSERS	QTY. <input type="text"/>	WAIST SIZE	<input type="text"/>	CMS	
SNAPPY VISOR	QTY. <input type="text"/>	SNAPPY BELT	QTY. <input type="text"/>	WAIST SIZE	<input type="text"/>	CMS	
SNAPPY SHIRT	QTY. <input type="text"/>	SNAPPY JACKET	QTY. <input type="text"/>	CHEST SIZE	<input type="text"/>	CMS	
SNAPPY SWEATSHIRT	QTY. <input type="text"/>	CHEST/BUST SIZE	<input type="text"/>	CMS	SIGNED MGR	<input type="text"/>	
						APPRVD	<input type="text"/>