



APPLICATION FORM FOR EMPLOYMENT

POSITION APPLIED FOR

Arments Pie & Mash ® appreciate the time and effort that you have put in to completing this form and welcomes applications from all sections of the community regardless to gender, marital status, disability, ethnic origin, race, colour, nationality, sexual orientation, religion or belief.

Please complete this form and sign to say that the facts you have given are true to the best of your knowledge and belief. This information will be used by Arments Pie & Mash ® to assess your suitability for employment. Those applicants deemed suitable for employment may be invited for interview to further assess your skills.

Please return this form for the attention of Cheryl Arment, by email to mail@armentspieandmash.com by post to W J Arment & Son Limited, Pie House, 7 & 9 Westmoreland Road, Walworth, SE17 2AX with a hand written covering letter. Thank you for completing this form.

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS AND IN BLACK INK

Title Home Address

Forename(s)

Surname Post code

Telephone No. Mobile No.

National Insurance No.

Do you hold a current driving licence ? Yes / No Expiry date

Country of issue Groups

Details of any endorsements

Are there any restrictions of you taking up employment in the UK ? Yes / No

If yes, please provide details.

Do you need a Visa to work in the UK ? Yes / No

Education History Please continue on a separate sheet if necessary.

Dates		School / College / University	Qualification gained	Brief description of duties
To	From			

Do you have a Food Safety Hygiene Certificate ? Yes / No

If yes, please state Level Date obtained

Employment History Please continue on a separate sheet if necessary

Dates		Employer's Name or business name and address	Type of business	Position/s held	Duties and responsibilities including number of employees supervised	Reason for leaving
To	From					

Notice period required for current post

Other employment. Please note any other employment you would continue with if you were successful in obtaining this position.

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CPD / Additional relevant experience. Please continue on a separate page if necessary.

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References. Please note here the names and addresses of two persons from whom we may obtain both a character and a work reference.

Name Name

Address Address

Post code Post code

Tel. no. Tel.no

Email Email

Capacity in which you are known to this person Capacity in which you are known to this person

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Can we contact this referee Yes / No
before interview ?

.....
Can we contact this referee Yes / No
before interview ?

Rehabilitation of Offenders Act 1974. (*Declaration subject to the Rehabilitation of Offenders Act 1974*)

Have you ever been convicted of a criminal offence ? Yes / No

If yes, please provide details.
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Please continue on a separate sheet if necessary.

Any information is given in complete confidence. Having a criminal record will not necessarily debar you from work at Arments Pie and Mash ®. This will depend on the nature of the office and its

relevance to the post in question. In certain circumstances, employment is dependent upon obtaining a satisfactory basic disclosure from the Disclosure and Baring Service.

Health Details.

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities ? Yes / No

Please specify any special arrangements for work associated with any impairment.

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Please specify any special arrangements you will need to attend an interview.

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Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered, or do suffer.

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Please list any form or medicine, drugs, or treatment you are currently and / or regularly receiving.

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Please list all absences from work in the past 12months and the reasons for such absences.

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Please outline any additional details that you feel would support your application

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Declaration. Please read this carefully before signing this application.

I confirm that the above information is complete and correct, and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we 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 obtain your permission prior to contacting your doctor.) I agree that this information will be retained in my personnel file during

employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

I agree that should I be successful in my application, I will, if required, apply to the Disclosure and Baring Service for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfactory of the company, any offer of employment may be withdrawn or my employment terminated.

Name

Signature Date