

EMPLOYMENT APPLICATION FORM

Please complete by hand all sections of the form.
Return to Country Market.

COUNTRY MARKET

— GROWING SINCE 1851 —

GOOD FOR YOU

Applicant Information

Position you are applying for			
Full Name		Title	
Address (including postcode)			
Mobile Telephone No.			
Home Telephone No.			
Email Address			
Do you hold a UK driving licence?	Yes	No	
Are you a Student?	Yes	No	
If Yes, please give details and progress of your course.			
Do you need a work permit to work in the UK?	Yes	No	
If Yes, please state permit number, capacity and expiry date			
Have you applied to work at Country Market before?	Yes	No	If yes, please state when & the position.

Present Employment (if any)

Employer	
Address	
Date from	
Position/duties	
Present Salary	£ per annum

Previous Employment (excluding present post)

Dates	Employer	Position and duties

Please state below why you have applied for this job.

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Education and Training

Please give details of any relevant education and or training including qualifications gained, if any.

Qualification	Place of Study	Date Achieved

Occupational Health

To the best of your knowledge do you have or suffer from any medical, physical or mental condition which may hamper your ability to normally perform the duties that could be reasonably expected from you in this employment?

Yes	No
If Yes, please give details	
How many days sickness absence have you had in the past 2 years?	

Please list two people whom we may approach for professional references after interviews and prior to an offer of appointment (one of these should be your present employer if applicable).

Referee One

Name	
Position	
Address	
Tel No.	
Email	

Referee Two

Name	
Position	
Address	
Tel No.	
Email	

I confirm that the information provided by me in this application form is true and complete, and I understand that incorrect statements could result in termination of employment should I subsequently be employed as a result of submitting this application. I understand that any offer of employment may be subject to receipt of satisfactory references, a trial period or medical examination. I understand that information from this form may be computerised for personnel/employee/administration/equal opportunities monitoring purposes and held for as long as is necessary in accordance with the General Data Protection Regulations and that I have rights to this information. Information may also be used for the prevention and detection of fraud and crime.

Signed	
Date of Application	

Your application will be held by us for up to 3 months. If you do not wish for this information to be retained please tick here.