



Mahmoods Job Application Form

STRICTLY CONFIDENTIAL

PERSONAL DETAILS

TITLE: _____ SURNAME: _____

FIRST NAME(S): _____ MIDDLE INITIAL(S): _____

E-MAIL ADDRESS: _____

MAILING ADDRESS: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

DATE OF BIRTH: _____ ARE YOU OVER 16? YES [] NO []

NATIONAL INSURANCE NUMBER: _____

POSITION APPLIED FOR: _____ FULL-TIME [] PART-TIME []

HAVE YOU PREVIOUSLY WORKED FOR MAHMOODS? YES [] NO []

DO YOU HAVE A DRIVING LICENSE? YES [] NO [] POINTS ON YOUR LICENSE: _____

REASON FOR POINTS: _____

AVAILABILITY

HOW MANY HOURS PER WEEK ARE YOU LOOKING TO WORK? (PART TIME STAFF ONLY): _____

ON WHICH DAYS ARE YOU LOOKING TO WORK? (PART TIME STAFF ONLY):

MON [] TUE [] WED [] THU [] FRI [] SAT [] SUN []

PLEASE GIVE DETAILS OF ANY TIMES YOU ARE NOT AVAILABLE TO WORK (I.E. WEDNESDAY AFTERNOONS):

HEALTH

ARE YOU AWARE OF ANY CONDITIONS THAT MAY AFFECT YOUR HEALTH AND ABILITY TO FULFIL YOUR TASKS? (E.G. LIFTING UP TO 20KG AT A TIME?) YES [] NO []

PLEASE GIVE DETAILS: _____

WILL YOU REQUIRE ANY SPECIAL ARRANGEMENTS TO ALLOW YOU TO FULFIL YOUR ROLE? YES [] NO []

PLEASE GIVE DETAILS: _____

EDUCATION & QUALIFICATIONS (e.g. food hygiene)

School/College/University/Course Attended	From	To	Qualifications/Diploma/Degree

WORK HISTORY (starting with your most recent)

Company Name	Tel. No	Position	Salary	Reasons for Leaving

PROFESSIONAL REFERENCES (please provide two)

Name	Relationship	Years Known	Phone	E-mail Address

DECLARATION

I confirm that the information given on this form is correct and complete. I understand that any incorrect information or omissions may disqualify me from consideration of employment or may result in the termination of my employment with **[Registered Company Name]** t/a Mahmoods **[Location]** if discovered at a later time.

Applicant Signature

Date