

**CAPITAL CATERING SERVICES LIMITED**

14 Watermark Way, Foxholes Business Park, Hertford, Herts SG13 7TZ

Telephone: 01992 500073

**APPLICANTS MUST COMPLETE THIS FORM IN THEIR OWN HANDWRITING**

**APPLICATION FOR EMPLOYMENT**

Position applied for:	<b>Please supply passport size photograph</b>
On what date would you be available for work?	
Surname: _____ Mr/Mrs/Miss/Ms	
Forename(s): _____	
Address: _____	Marital Status:
Postcode: _____	
Telephone: _____ Mobile No: _____	
Email: _____	
Please complete your email address as this will speed up the processing of your application.	

Are you registered disabled, or do you have any physical condition which could limit your ability to perform the particular job for which you are applying? NO  YES

If YES, state Registration No: \_\_\_\_\_

Please describe how you would be able to perform the job in spite of your disability or condition:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you smoke? NO  YES

How many days off sick have you had in the last five years? \_\_\_\_\_

Have you ever been dismissed from a job? NO  YES

If so, for what reason? \_\_\_\_\_

\_\_\_\_\_

Have you ever worked for Capital Catering Services before? NO  YES

If YES, at what unit? \_\_\_\_\_

Have you ever applied to work for Capital Catering before? NO  YES

Do you have a current driving licence? NO  YES

If so, is it clean? NO  YES

If your answer is NO, give details below

\_\_\_\_\_

\_\_\_\_\_

Ethnic Origin (please tick)  
 (This question is included to help ensure that, in accordance with our policy and the law, unfair discrimination does not occur).

United Kingdom or Eire	<input type="checkbox"/>	African	<input type="checkbox"/>
Other European	<input type="checkbox"/>	Afro-Caribbean	<input type="checkbox"/>
Asian	<input type="checkbox"/>	Other (specify)	_____

Are you a UK or EU citizen? NO  YES

If NO, have you a current permit which permits you to work in the UK? NO  YES

If YES, what status is it? \_\_\_\_\_

Are you currently or do you intend to further your education in the UK? NO  YES

if YES, what days and times do you anticipate you will need to attend college?  
 \_\_\_\_\_

Do you have, or intend to have, any other employment? NO  YES

\_\_\_\_\_

How did you learn of this vacancy?

Newspaper	<input type="checkbox"/>	Magazine	<input type="checkbox"/>
Friend/Relative	<input type="checkbox"/>	Job Centre	<input type="checkbox"/>

Other (please specify) \_\_\_\_\_

### EMPLOYMENT HISTORY

List below present and past employment, beginning with the most recent.

Name and address of company and type of business:  
 \_\_\_\_\_

Telephone: \_\_\_\_\_

From	_____	Starting Salary	£ _____ per _____
Month	Year		
To	_____	Leaving Salary	£ _____ per _____
Month	Year		

Reason for leaving \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Describe the work you did: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and address of company and type of business:  
 \_\_\_\_\_

Telephone: \_\_\_\_\_

From	_____	Starting Salary	£ _____ per _____
Month	Year		
To	_____	Leaving Salary	£ _____ per _____
Month	Year		

Reason for leaving	Name of Supervisor
Describe the work you did: _____	

Name and address of company and type of business:

Telephone: _____		Starting Salary	£ _____ per _____
From			
Month	Year		
To		Leaving Salary	£ _____ per _____
Month	Year		

Reason for leaving	Name of Supervisor

Describe the work you did: \_\_\_\_\_

I hereby give my permission to contact the employers listed above concerning my work experience.  
If there is a particular employer(s) you do not wish us to contact, please indicate which one(s).

Signed \_\_\_\_\_

<b>EDUCATION</b>			
SCHOOLS	FROM	TO	EXAMINATIONS AND RESULTS
UNIVERSITY/COLLEGE	FROM	TO	COURSES AND RESULTS
FURTHER EDUCATION & FORMAL TRAINING	FROM	TO	COURSES AND RESULTS

**PROFESSIONAL MEMBERSHIP AND QUALIFICATIONS**

Do you hold a Food Hygiene Certificate?

NO  YES

Please outline the skills and experience you have gained through paid employment and any other work activities and interests which you feel to be relevant to your application for this job.(If insufficient space, please attach separate sheet)

**PERSONAL REFERENCES**

Please give details of two people (not relatives or former employers) we could approach for references.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Convictions and legal proceedings (if any) including motor offences with the exception of offences which are 'spent' under the terms of the Rehabilitation of Offenders Act 1974, enter details of any court or court martial conviction. Driving offences must be included. Enter details of any summons or any Attachment of Earnings made against you. If you have no convictions or outstanding summons, please enter NONE.

Any false statement will disqualify you from employment, or if discovered after employment has commenced, will render you liable to instant dismissal.

Date(s)	Nature of offence or Attachment of Earnings Order	Sentence or Court Order with costs
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**DECLARATION**

The information I have given in this application form is correct.  
I understand that giving false or incomplete information could result in my dismissal from service.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

**For office use only:**