

The Bead Shop (Nottingham) Ltd

7 Market Street Nottingham NG1 6HY info@mailorder-beads.co.uk 011 5 958 8899

Employment Application Form

Full Name:							
Name you like to be called:	Preferred pronoun						
Address:	Home Phone No.:						
		Mobile:					
National Insurance No.	Email:						
Emergency Contact Details:	Polot	ionship:					
Name:	No.						
(Daytime Phone No.:) (Evening Phone No.:)							
Please specify what hours you are available to work:							
How many hours are you looking to work per wee	Can you be flexible at short notice:						
When would you be able to start work?:							
Do you have any holidays booked? If so, please give details:							
Education and Qualifications (from age 11). Please list all qualifications and grades achieved.							
Name and address of School, college etc:	From:	To:	Qualifications obtained:				

Employment history and wo	rk experier	nce (2 most	t recent):				
Employers name, address and phone no.:	From:	To:	Position held:	Responsibilities and duties:	Reason for leaving:		
We would wish to contact you previous employer, please I							
Referee's Name, address a	nd telepho	ne number	and their relation	nship to you			
1.			2.				
			<u> </u>				
Please detail your hobbies,	interests a	nd what yo	u do in your spar	e time.			
Please tell us why you want	to work fo	r The Bead	Shop				
Please tell us what qualities	and exper	ience you l	nave that you cou	uld use in your role at T	he Bead Shop		
Declaration:							
I certify that the information subject to satisfactory refere right to work in the UK.							
Signed:	Date:						