

Jempson's Superstore
(Personnel Dept)
Main Street
Peasmarsh
East Sussex
TN31 6YD

01797 230 214

E-mail: mail@jempsons.com

COLLEAGUE APPLICATION

Thank you for applying to Jempson's. Your details will be treated in the strictest confidence.

Please complete the application form and return it to the address shown above. If you have a disability or any other special need that means you are unable to complete this form or any part of the process, please contact us to make alternative arrangements.

ABOUT US

As part of the store team, you will play a key role in ensuring we achieve our aim of providing the highest standards of customer care. This is your opportunity to tell us about yourself, and it will help us to make a fair decision to select the most customer facing people for our business.

Jempson's is an equal opportunities employer. All employees and prospective employees will be given equal opportunities within their employment irrespective of their disability, race, gender, nationality, religion or belief, sexual orientation, marital status or age. We are interested in a positive attitude and your ability to fulfil the role.

RECRUITMENT PROCESS

Completing this form is your first opportunity to provide us with your current and previous details and experience. Please complete the form in **FULL**.

We wish to ensure that all applicants are treated fairly in terms of short-listing and so we ask you **NOT** to include a curriculum vitae or any other information at this stage.

ABOUT YOU

Surname (Mr/Mrs/Miss/Ms/Other)

Maiden or previous name:

First name(s)

Address

.....

.....

Post Code

Telephone Number:

Home

Mobile.....

Do you hold a current driving licence ?

Yes / No (please delete as applicable)

Do you have your own transport?

Yes / No (please delete as applicable)

National Insurance Number

email address

Alternatively, are you able to provide evidence that you can legally work in the UK? YES / NO

Do you have any endorsements in your Passport which limits your stay, length, type of employment in the UK? YES/NO

If **YES**, please give details:

Are you applying for a particular position YES/NO

If **YES**, which position

Where are you applying to work with us?

Stores:

Peasmarsh | Rye | Battle | Wadhurst | Northiam (delete as appropriate)

Coffee Shops:

Rye | Hastings | Battle | Bexhill
St.Leonards | Wadhurst (delete as appropriate)

How many hours are you available to work each week?

Across which hours are you available to work? Please tick all days and times you are available.

	MON	TUES	WED	THUR	FRI	SAT
EARLY MORNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MORNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTERNOON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVENING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERNIGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any holidays booked ?
If **YES**, please give dates below.

If successful you may be requested
to show evidence of booked holidays.

MORE ABOUT YOU

Would you be willing to work overtime YES / NO

Are you applying for a Full or Part time job? Full time / Part time

If you are applying for a full time job would you accept a part time job instead? YES / NO

Have you previously worked for us? YES / NO

If **YES** please state position held and dates

Are you related to any employee(s) of Jempson's? YES / NO

If **YES** please give name(s) and position(s)

REHABILITATION OF OFFENDERS ACT 1974.

Have you ever been convicted of a criminal offence which is not 'spent' under the Rehabilitation of Offenders Act?

YES / NO

YOUR EDUCATION

Please provide details of your education from the age of 11.

Name and address of School/College/ University attended	Start Date	Leaving Date	Qualifications (Please include GCSEs, O Levels, A Levels or equivalent, NVQs. And any further education or professional qualifications)

YOUR WORK EXPERIENCE

Please tell us about your work experience, including part time and voluntary work, starting with your present or most recent work. Please ensure any gaps in employment are fully accounted for. Continue on a separate sheet if necessary and ensure this is attached securely to your application.

Employers name and address	From	To	Position held	Please outline your responsibilities and the reasons for leaving

Continued employment is subject to receipt of satisfactory references.

Therefore we will ask your current or previous employer for references. These will only be taken up once you have accepted our offer.

Will you be remaining employed by your current employer? YES / NO

What is your current salary ?

How much notice are you required to give ?

When would you be available to start work ?

Would you be prepared to be trained in Basic First Aid at Jempson's ? YES / NO

Have you applied for a position at Jempson's previously? YES / NO

If **YES**, please give detail of date(s) and position(s) applied for

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YOUR SKILLS & EXPERIENCE

Please advise us of any skills or experience you feel relevant to the role you are applying for:

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What hobbies or activities do you participate in that may support your application?

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Why do you want to work for Jempson's and what qualities do you possess that will enhance your work here?

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REFEREES

Please issue us with details of **TWO** referees. **ONE** of which must be your current or last employer.
If you have not worked before then include details of your school and college (if applicable)

REFEREE ONE

Employer/School:

Name of contact:

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Address:

Telephone number:

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REFEREE TWO

Employer/School:

Name of contact:

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Address:

Telephone number:

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WE WILL ONLY CONTACT THE REFEREES IF WE OFFER YOU A POSITION.

APPLICATION MONITORING

Information provided by you on this application form will be processed and stored in line with our Recruitment Policy and the Data Protection Act. Unsuccessful applicants information will be stored for no longer that 6 months. Successful applicants will have the information transferred to their personal file. Please sign to indicate your agreement for the storage of this information.

I agree to the storage of this information as outlined above:

SIGNATURE

PRINT NAME

DATE

DECLARATION

I understand that any false or misleading information given in this application may result in my dismissal if I am appointed. I declare that to the best of my knowledge the above information and that submitted in any accompanying document(s) is correct.

SIGNATURE

PRINT NAME:

DATE

.....

.....

.....

HEALTH/ABSENCE FROM WORK

Full Name :

Address:

.....

.....

Location:.....

Position:.....

HEALTH STATEMENT

Jempson's is committed to providing a healthy and safe place to work. The purpose of this questionnaire is to help ensure that you will be able to do your job at Jempson's without risk to yourself or others. Your answers are treated as **CONFIDENTIAL** and will only be seen by Human Resources and Directors.

If **YES** to any of these questions please give details

Do you consider yourself to have a disability ? YES / NO

Do you have any medical condition which requires medication ? YES / NO

Do you suffer from any skin condition ? YES / NO

Do you suffer from any ongoing infection or allergies which may prevent you from handling food safely ? YES / NO

Do you have any back or other problems which may prevent you from lifting ? YES / NO

Do you have any problems in sitting, standing, walking, bending, climbing ladders, lifting, use of hands or working at height ? YES / NO

Are you on a waiting list for treatment or an operation ? YES / NO

Do you bite your nails ? YES / NO

Number of days absent from work or school in the last 12 months ?

Please provide reason(s) for absence(s):

Have you taken any Parental Leave (as introduced under the Employment Relations Act 1999) YES / NO

If **YES**, please state how much time has been taken and dates:

DECLARATION

I hereby declare that, to the best of my knowledge and belief, my answers to all these questions are complete and true and that I have not omitted any information relating to either my past or present state of health. I understand in the case of any false statement being made, this may effect any contract with the Company. I have read and understood the health statement on the cover of this questionnaire.

Signed:

Print Name:

Date:

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FOR PERSONNEL DEPT. ONLY

INTERVIEW

Date Time Manager

Comments

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			Date	Initials
Invite to interview	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Actioned	
Did not arrive for interview	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Actioned	
Hold on file after interview	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Actioned	

POSITION

Offered:

Start Date:

Training Date:

Comments:

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COMMUNICATIONS

			Date	Initials
Telephoned with offer	Yes	No	Actioned	
Offer Letter sent	Yes	No	Actioned	
Reference requested 1	Yes	No	Actioned	
Reference requested 2	Yes	No	Actioned	

EQUAL OPPORTUNITIES

IMPORTANT: Information on this form will not be used as part of the recruitment process. It is understood that by providing the information requested on this form, that consent is given for Jempson's Ltd. To process this data to ensure compliance with our Equal Opportunity Policy.

Post Applied for:

Store applied to :

Peasmarsch | Rye | Battle | Wadhurst | Northiam (delete as appropriate)

Café applied to :

Rye | Hastings | Battle | Bexhill
St.Leonards | Wadhurst (delete as appropriate)

Full Name:

Address:
.....
.....
.....

Date of Birth:

Marital Status:.....

No. of Dependent Children:

Other Dependents:

Ethnic Origin (circle as appropriate)

- | | | |
|--------------------|----------------|---------------------------|
| 1. White | 4. Black Other | 5. Bangladeshi |
| 2. Black Caribbean | 5. Indian | 8. Chinese |
| 3. Black African | 6. Pakistani | 9. Other (Please specify) |

Nationality:

Sex:

Country of Birth:

Emergency Contact details: (Please print)

Name:

Relationship:.....

Contact Number:

Do you consider yourself to have a disability? YES / NO

If **YES** please state the nature of your disability:

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Thank you