



Independent Catering

Independent Catering Management Limited

125A St. John's Hill, Sevenoaks, Kent TN13 3PE • Telephone 01732 746123

APPLICATION FOR EMPLOYMENT

PLEASE USE BLOCK CAPITALS

PERSONAL

SURNAME MR, MRS, MISS, MS*		FIRST NAMES
TEL NO. HOME	WORK	ADDRESS
MOBILE PHONE NO.		
DATE OF BIRTH	AGE	
NATIONALITY		
DAILY USE OF OWN TRANSPORT	YES/NO	

E-MAIL ADDRESS IF APPLICABLE

IF NEEDED DO YOU POSSESS A WORK PERMIT? YES/NO IF YES, EXPIRY DATE AND NO.

HAVE YOU BEEN CONVICTED BY A COURT OF ANY CRIMINAL OFFENCES? YES/NO

DO YOU KNOW OF ANY REASON WHY YOU WOULD BE UNABLE TO ATTEND WORK REGULARLY? YES/NO
IF YES, PLEASE GIVE DETAILS:

HAVE YOU WORKED FOR THE COMPANY BEFORE? YES/NO IF YES, WHERE AND WHEN?

HAVE YOU RELATIVES WORKING FOR THE COMPANY? YES/NO IF YES, WHERE?

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH INDEPENDENT CATERING? YES/NO

POSITION APPLIED FOR

IN WHICH PAPER DID YOU SEE THIS VACANCY ADVERTISED?

ON WHAT DAYS/TIMES ARE YOU AVAILABLE FOR INTERVIEW?

FROM WHAT DATE ARE YOU AVAILABLE FOR EMPLOYMENT?

PLEASE GIVE DETAILS OF YOUR QUALIFICATIONS, TRAINING AND ANY SPECIAL SKILLS RELEVANT TO THIS APPLICATION E.G. FOOD HYGIENE CERTIFICATE, CITY & GUILDS EXAMINATIONS. IF UNDER 18 PLEASE GIVE DETAILS OF SECONDARY SCHOOL EDUCATION AND EXAMINATIONS.

