

application form

private & confidential

All applicants will be treated in the same way. Sex, ethnic origin, disability, religious or political beliefs or marital status will not be a reason for an applicant being refused a position. Upon receipt of any application, the applicant will be asked to attend for a series of tests and/or provide evidence of qualifications and an interview to discuss the opportunities provided. No member of the company will discriminate against an applicant because of sex, ethnic origin, disability, religious or political beliefs or marital status. All applications received from applicants will be held in the Application file and will show application forms, details of interview and comments for why and where applicant was recommended for interview and or selection.



121 Victoria Road, Horley, Surrey, RH6 7AS 01293 771316/ 414434

confidential

application form

(please use block capitals)

personal details

MR / MRS / MISS / MS SURNAME _____

CHRISTIAN NAMES _____

MAIDEN NAME (if applicable) _____

DATE OF BIRTH _____

ADDRESS _____

TELEPHONE NUMBERS HOME _____ MOBILE _____

EMAIL _____

NATIONAL INSURANCE NO: _____

MARITAL STATUS SINGLE / LIVING WITH PARTNER / MARRIED / WIDOWED / DIVORCED

NUMBER OF CHILDREN _____ AGES _____

ethnic origin

For monitoring purposes in order to ensure discrimination does not exist we ask that you tick one of the following

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Black (other) | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Indian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Black African | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Other _____ |

employment required

POSITION APPLYING FOR _____

ARE YOU APPLYING FOR: FULL TIME / PART TIME

IF PART TIME STATE HOURS & DAYS _____

WHEN ARE YOU AVAILABLE TO START _____

HOW DID YOU LEARN OF THIS VACANCY _____

next of kin

NAME _____ RELATIONSHIP _____

ADDRESS _____

TELEPHONE NUMBERS HOME _____ WORK _____ MOBILE _____

ARE YOU RELATED TO ANY MEMBER OF STAFF YES / NO

IF YES PLEASE STATE NAME _____

WHICH SALON DO THEY WORK IN _____

medical history

DO YOU HAVE ANY PHYSICAL DISABILITIES YES / NO

IF YES PLEASE STATE _____

DO YOU HAVE ANY KNOWN ALLERGIES YES / NO

IF YES PLEASE STATE _____

DO YOU TAKE MEDICATION REGULARLY YES / NO

IF YES PLEASE STATE _____

DO YOU SUFFER FROM ASTHMA YES / NO

SKIN AILMENTS YES / NO

BACK PAINS YES / NO

GLANDULAR FEVER YES / NO

COLOUR BLINDNESS YES / NO

MIGRAINES YES / NO

previous employment

PLEASE GIVE DETAILS OF YOUR PRESENT & PAST EMPLOYMENT STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER

- * PLEASE BE ACCURATE WITH DATES
- * PLEASE ACCOUNT FOR ANY INTERVALS OF NON-EMPLOYMENT

NAME & ADDRESS OF EMPLOYER	FROM month year	TO month year	STARTING SALARY	LEAVING SALARY
			£	£
			per	per
			JOB TITLE	
DESCRIBE THE WORK YOU DID				
PHONE NUMBER	Reason for leaving			

NAME & ADDRESS OF EMPLOYER	FROM month year	TO month year	STARTING SALARY	LEAVING SALARY
			£	£
			per	per
			JOB TITLE	
DESCRIBE THE WORK YOU DID				
PHONE NUMBER	Reason for leaving			

NAME & ADDRESS OF EMPLOYER	FROM month year	TO month year	STARTING SALARY	LEAVING SALARY
			£	£
			per	per
			JOB TITLE	
DESCRIBE THE WORK YOU DID				
PHONE NUMBER	Reason for leaving			

education

NAME & ADDRESS OF SCHOOL OR COLLEGE	DATES ATTENDED FROM - TO	EXAMS / CERTIFICATES PASSED WITH GRADES

HOBBIES & INTERESTS _____ _____ _____

references

PLEASE GIVE DETAILS OF TWO REFERENCES

NAME	ADDRESS	RELATIONSHIP WITH REFEREE

To the best of my knowledge the above details are true and I understand that with holding information may be the reason for refusing or terminating my employment with the company.

SIGNATURE _____ DATE _____

<p><u>your training</u></p>

DO YOU HOLD ANY QUALIFICATIONS PERTAINING TO HAIRDRESSING

YES / NO

IF YES PLEASE STATE

HAVE YOU BEEN ON ANY HAIRDRESSING COURSES

YES / NO

IF YES PLEASE STATE

WHAT DO YOU CONSIDER TO BE YOUR STRENGTHS AND WEAKNESSES

WHAT ASPECTS OF HAIRDRESSING WOULD YOU LIKE TO RECEIVE MORE TRAINING IN

for official use only

FIRST INTERVIEW

INTERVIEWED BY _____ DATE _____

COMMENTS _____

SECOND INTERVIEW

YES / NO

SECOND INTERVIEW

INTERVIEWED BY _____ DATE _____

COMMENTS _____

TRADE TEST COMMENTS

STARTING DATE _____

STARTING SALARY _____ COMMISSION _____

STAKEHOLDER PENSION YES / NO

EMPLOYEES CONTRIBUTION _____

EMPLOYERS CONTRIBUTION _____

DATE ELIGIBLE _____ DATE JOINED _____

SIGNATURE _____