



APPLICATION FOR EMPLOYMENT

CONFIDENTIAL

PLEASE COMPLETE THIS FORM CLEARLY IN BLOCK CAPITALS IN BLACK INK.
IF YOU HAVE A NEED TO SUBMIT YOUR APPLICATION IN ANOTHER FORMAT, PLEASE CONTACT US AT THE ADDRESS INDICATED ON THE FINAL PAGE OF THIS DOCUMENT.

APPLICATION FOR THE POST OF:

PERSONAL

SURNAME

TITLE FOR CORRESPONDENCE (Mr/Mrs/Miss/Dr)

FORENAMES

KNOWN AS (if different from above)

ADDRESS

TELEPHONE NUMBER: Home

Work (If able to contact)

MOBILE NUMBER:

EMAIL ADDRESS:

Do you hold a Driving license?	YES	NO
Is your licence free from endorsements?	YES	NO
Are you related in any way to an existing employee of KNK?	YES	NO
If so, please state Name/Relationship/Department		
Have you worked for KNK* before, either temporarily or permanently	YES	NO
If yes, from to		
WILL YOU REQUIRE A WORK PERMIT?	YES	NO

Are there any dates or times when you would be unavailable to attend an interview?

EDUCATION AND TRAINING

Please Note: KNK* will verify all qualifications stated.

Name and address of Secondary School	Dates From To		Examinations and Results

College/Polytechnic/University attended	Dates From To		Courses and Results

Please give details of any other courses attended, including Professional Membership and qualifications.

Please state your IT skills and use of Microsoft Packages:

EMPLOYMENT

PRESENT OR MOST RECENT EMPLOYER (if applicable)

NAME OF EMPLOYER

ADDRESS

TEL NO

PRESENT OR MOST RECENT POST

START DATE

LEAVE DATE

REASON FOR LEAVING

CURRENT SALARY £

week / annum

PERIOD OF NOTICE

BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES

PREVIOUS EMPLOYMENT

Positions should be listed in date order with the most recent first. You should account for any gaps in employment (subject to the provisions relating to disclosure under the Rehabilitation of Offenders Act 1974).

Name and address of Employer	Job title	Duties and Responsibilities	Dates		Salary	Reasons for leaving
			From	To		

Please continue on separate sheet if necessary.

REFERENCES

All appointments are subject to receipt of satisfactory references. Please give details of two people who we can approach for references, one of who should be your present or most recent employer.

Your current employer will not be contacted until you have accepted a position with KNK*, if you have just completed full-time education, the details of the Head / Principal and/or Tutor should be provided. If you have neither worked nor studied recently, please provide one independent character referee outside your family, this cannot be KNK* employees.

Current/Most recent employer	Personal Referee
Name	Name
Business Address	Address
Postcode	Postcode
Telephone	Telephone

MEDICAL

Do you have any problems with your health? YES NO
If yes, please give details

Do you smoke? YES NO

Please confirm the total number of days absence taken from work in the last two years, for reasons related to illness/health difficulties.

Please give details and dates

MISCELLANEOUS

Do you have a criminal record? YES NO
If yes please give details

NOTE: You are not required to disclose spent convictions covered by the Rehabilitation of Offenders Act. Criminal Records Bureau Disclosure will be requested (if appropriate) in the event of a successful application. KNK is committed to the fair treatment of Applicants and a criminal record will not necessarily be a bar to obtaining a position.

If you have a voluntary Military Service commitments please state unit and liability for annual training.

ADDITIONAL INFORMATION

Please state why you are applying for this position. Describe how you consider your past experience may be helpful to you in your application.

Please continue on a separate sheet if necessary.

EQUAL OPPORTUNITIES

SURNAME

FIRST NAME(S)

FORM OF ADDRESS: MR. MRS. MISS. MS. OTHER _

IF OTHER PLEASE STATE

SEX: MALE FEMALE

DATE OF BIRTH:

DO YOU CONSIDER YOURSELF TO BE A DISABLED PERSON? YES NO
IF YES PLEASE GIVE DETAILS

ARE YOU A WELSH SPEAKER?:

FLUENT

NOT FLUENT

NOT WELSH SPEAKER

VACANCY APPLIED FOR

WHERE DID YOU LEARN OF THIS VACANCY?

YOUR NATIONALITY IS:

YOUR ETHNIC OR NATIONAL ORIGIN:

WHITE	
BLACK AFRICAN	
BLACK CARIBBEAN	
BLACK OTHER	
PAKISTANI	
CHINESE	
INDIAN	
BANGLADESHI	
OTHER	
IF OTHER PLEASE STATE	

DECLARATION

I declare that the details given are correct to the best of my knowledge. I understand that the contents will form part of any contract of employment which I may agree with KNK*.

I understand that the information I have provided on this form on my ethnic origins, criminal convictions and medical history is required by law or for monitoring purposes only.

I give my express consent for this information to be retained by KNK*.

Applicant's Signature

Date

**During this document KNK refers to Kutz N Kurlz Ltd.*

PLEASE RETURN FORM TO:

Mr Stephen Wallbank

HUMAN RESOURCES DEPARTMENT
KUTZ N KURLZ LIMITED
7 MARKET SQUARE
BRYNMAWR
EBBW VALE
BLAENAU GWENT
NP23 4AJ
SOUTH WALES