

YOUR EDUCATION AND TRAINING

Secondary and College/University

Subjects

Qualifications

Date Obtained

Subjects	Qualifications	Date Obtained

Other Qualifications e.g. NVQ, First Aid, etc.

Subjects

Qualifications

Date Obtained

Subjects	Qualifications	Date Obtained

MEDICAL DETAILS

Do you need/wear glasses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you suffer from neck or back problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your hearing impaired in any way?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you colour blind?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently taking any medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide details		

Do you suffer from any form of disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please provide details?		

ADDITIONAL DETAILS

Do you need a work permit to take up employment in the uk?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
you will be required to provide evidence of eligibility to work within the UK prior to offer of employment		
Do you hold a full clean driving licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no please provide details:		

CONVICTIONS AND SUMMONS

Apart from spent convictions under the rehabilitation of offenders act 1974 have you?

Been convicted by a court or court martial of any offence? Yes No

Been placed on probation or discharged conditionally for any offence? Yes No

Had an Attachment of Earnings order made against you? Yes No

Or have you at present any charges/summons against you which has not been spent? Yes No

If you have answered yes to any of the above questions please give details in the section provided below. If you fail to give such information or provide false information, you will not be considered for employment or if already employed will be liable for instant dismissal

Date (s)	Nature of offence or order	Sentence or court order	Cost if applicable

YOUR WORK EXPERIENCE

Name of Current Employer Job Title

Type of Business Dates

Hourly Rate of Pay Reason for Leaving

Main Duties and Responsibilities

Name of Previous Employer Job Title

Type of Business Dates

Hourly Rate of Pay Reason for Leaving

Main Duties and Responsibilities

Name of Previous Employer Job Title

Type of Business Dates

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Main Duties and Responsibilities

In the last two years, please indicate

Number of days sickness Number of occasions

FINALLY

Please give, in your own words, your reason for applying for this position

If successful, please detail how you would enhance customer service levels in your store

How did you find out about this position?

Recruitment Agency	<input type="checkbox"/>	Press	<input type="checkbox"/>
Advertising Campaign	<input type="checkbox"/>	Internet	<input type="checkbox"/>
Introduction Scheme	<input type="checkbox"/>	Other	<input type="checkbox"/>

EQUAL OPPORTUNITIES

Size Up Clothing Group is committed to equality of opportunity. Applications are welcome from all suitably qualified individuals regardless of race, national or ethnic origin, sex, sexual orientation, marital status, age, disability, religion or religious belief.

REFERENCES

Please give the names of two people who are not related to you, but who know you well and can be approached for a reference. One of these should be your current or most recent employer. We will not contact your referees until we have made an offer of employment.

Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Postcode	<input type="text"/>	Postcode	<input type="text"/>

DECLARATION

I declare that the information given on this application is, to the best of my knowledge, correct and understand that any false information may be grounds for a dismissal of application or employment. I consent to the company recording my data and disclosing information contained on this form to third parties. I also consent to the company contacting my present and/or previous employers for references.

Signed: _____ Date: _____

Under the Data Protection Act you have certain rights regarding the use of personal data. By signing this form you are giving your consent to Size Up Clothing Stores Ltd to process and verify the information you have provided



Size Up Clothing Stores Ltd
 Peterborough Webb Estate, Oundle Road
 Woodston, Peterborough, PE2 9QR



**PRIVATE AND
CONFIDENTIAL****YOURS**Please return to your
local store or head office
(address overleaf)

Size Up Clothing Group

APPLICATION FOR EMPLOYMENT**ABOUT YOU**

Title	<input type="text"/>		
Surname	<input type="text"/>	First Name	<input type="text"/>
Date of Birth	<input type="text"/>	N. I. Number	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		
	Postcode	<input type="text"/>	
Daytime Telephone Number	<input type="text"/>		
Evening Telephone Number	<input type="text"/>		
Mobile Telephone Number	<input type="text"/>		
Email Address	<input type="text"/>		

Position Applied For	<input type="text"/>		
Store and Location	<input type="text"/>		
Permanent	<input type="checkbox"/>	Temporary	<input type="checkbox"/>

Please tell us the days and the exact times you are able to work

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the minimum number of hours you wish to work per week

At peak trading times you may be required to work additional hours, please confirm your ability to do so given reasonable notice.

Yes, I am flexible No, I cannot work extra hours Do you have any friends or relatives currently working for the Size Up Clothing Group?
Yes No