CFW Retail Limited Job Application Form Title of post applied for: Job Ref:

Before completing this form, please read the accompanying guidance notes. Please write clearly in black ink or type.

Confidential

Surname:			Initials:	
Former surnames if different:			Preferred Name or Title (Optional):	
Address:			Tel No (home):	
			Tel No (business):	
<town></town>	<post co<="" td=""><td>de></td><td>Tel No (mobile):</td><td></td></post>	de>	Tel No (mobile):	
E-Mail address:			Nat. Insurance No:	
Nationality:		_		European Citizen, or you do not K, you will require a work permit.
Do you need a work permit Yes If you already h			nave a work permit, when does at your current work permit n	es it expire? may not be valid for this post.)
Where did you learn of the p	ost?			
Preferred work arrangements:		☐ Full-time	☐ Job share ☐ Teri	m time only

2. EDUCATION AND PROFESSIONAL QUALIFICATIONS

(Original documents as proof of qualification will be required at interview)

Secondary School / College / University	Da	tes	Examinations taken	Date	Result
College / University	From	То	Examinations taken	Date	Result

Professional Quali	fications currently held: ho	ow obtained, grade and date	
Other relevent Ed	restional or Training Cours	and with data	
Other relevant Edi	ucational or Training Cours	ses, with dates	
PRESENT POS			
PRESENT POS	ST		
Title of Post:	ST	Salary/Grade:	
Title of Post:	ST		
Title of Post: Name of Employer:	ST	Business of Employer:	
Title of Post:	ST	Business of Employer: Date Commenced:	
Title of Post: Name of Employer:	ST	Business of Employer:	
Title of Post: Name of Employer: Address:		Business of Employer: Date Commenced:	
Title of Post: Name of Employer: Address: <town></town>	<post code=""></post>	Business of Employer: Date Commenced: Date Ended (if applicable):	
Title of Post: Name of Employer: Address: <town></town>	<post code=""></post>	Business of Employer: Date Commenced:	ible to you (if applicable):
Title of Post: Name of Employer: Address: <town></town>	<post code=""></post>	Business of Employer: Date Commenced: Date Ended (if applicable):	ible to you (if applicable):
Title of Post: Name of Employer: Address: <town></town>	<post code=""></post>	Business of Employer: Date Commenced: Date Ended (if applicable):	ible to you (if applicable):
Title of Post: Name of Employer: Address: <town></town>	<post code=""></post>	Business of Employer: Date Commenced: Date Ended (if applicable):	ible to you (if applicable):
Title of Post: Name of Employer: Address: <town></town>	<post code=""></post>	Business of Employer: Date Commenced: Date Ended (if applicable):	ible to you (if applicable):
Title of Post: Name of Employer: Address: <town></town>	<post code=""></post>	Business of Employer: Date Commenced: Date Ended (if applicable):	ible to you (if applicable):
Title of Post: Name of Employer: Address: <town> Please outline you</town>	<post code=""></post>	Business of Employer: Date Commenced: Date Ended (if applicable):	ible to you (if applicable):
Title of Post: Name of Employer: Address: <town> Please outline you Reason for leaving</town>	<post code=""></post>	Business of Employer: Date Commenced: Date Ended (if applicable): n you are responsible and staff responsi	ible to you (if applicable):

lame and Address of Employers	Position held	Reason for leaving	Final grade/salary
:Name of Employer>			
Address 1>			
<address 2=""></address>			
<address 3=""></address>			
<post code=""></post>			
Description of duties:			
<name employer="" of=""></name>			
<address 1=""></address>			
<address 2=""></address>			
<address 3=""></address>			
<post code=""></post>			
Description of duties:			
<name employer="" of=""></name>			
<address 1=""></address>			
<address 2=""></address>			
<address 3=""></address>			
<post code=""></post>			
Description of duties:			
<name employer="" of=""></name>			
<address 1=""></address>			
<address 2=""></address>			
<address 3=""></address>			
<post code=""></post>			
Description of duties:			

RELEVANT SKILLS OR APPLYING FOR	THIS JOB	WLEDGE, EXPER	IENCE AND YOUR	REASONS

OTHER INFORMATION						
Vhat activities outside work interest yo	ou? (State a	ıny positio	ns held you consider rele	vant.)		
	or (Otato a) poo		,		
Oo you hold a current driving licence?	☐ Yes	□No	Do you have access to a	car?	☐ Yes	□No
Disabilities						
f selected for interview, do you require account of a disability?	any specia	al arrangen	nents to be made on		∕es □	No
f "yes", please give brief details of the nformation that you feel would help us obligations under the Equality Act 2010	to accomm					
Rehabilitation of Offenders Act 1974	(Evcentio	ns) Order	1975			
lave you any convictions that are not	<u> </u>				∕es □	No
f Yes, please provide further details: [Spent convi	ctions do r	not have to be declared]			
As this post is covered by the Rehabil inspent convictions must be declared		fenders A	ct 1974(Exceptions) Orde	er 1975	5, both spe	ent and

Referee 1		Referee 2	
Title (Mr, Mrs etc):		Title (Mr, Mrs etc):	
Full Name:		Full Name:	
Job Title:		Job Title:	
Organisation:		Organisation:	
Address:		Address:	
<town></town>	<post code=""></post>	<town></town>	<post code=""></post>
Tel No:		Tel No:	
E-mail address:		E-mail address:	
Please state if we may obtain reference prior to interview.	this Yes	Please state if we may obtain this reference prior to interview.	
		form is true and complete. I understan le any omissions, this will be sufficient	
Signature:		Date:	
Name:			
		processed for purposes permitted by t	ho Conoral Data