



APPLICATION FORM

Employment Store/Area:		Please tick	
		Full Time:	Part Time:
Surname (Block letters):			
Other names:			
DOB*:		National Insurance Number:	
Address:			
Telephone:		Mobile:	
Have you been subject to Disciplinary proceedings or dismissal? If so please give details			
Do you have any Convictions?	If Yes please give details		
Yes:	No:		
Do you have any disabilities?	If Yes please give details		
Yes:	No:		
Education: Also Include Vocational Qualifications such as Food hygiene etc..			
Subject	Level	Grade	Institution/School/College

*CK's Supermarkets asks for date of birth in relation to undertaking the sale of alcohol where appropriate

Employment History

Date: start / finish	Position	Salary	Reason for leaving

Languages: Including Sign language

Speak	Read	Write	Other

About yourself:

Please state your reason for applying for the position, including your strengths, values, and previous skills you can bring to the roll.

References

Previous Employer		Personal Reference	
Name		Name	
Address		Address	
Email		Email	
Phone/Mobile		Phone/Mobile	
Position		Position	

Please Tick available days and times you can work

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please tell us if there are any dates you are not available for an interview

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Declaration

I can confirm that to the best of my knowledge the above information is correct.
I accept that providing deliberate false information could result in my dismissal.

Signature:		Date:	
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Equal Opportunities Monitoring:

CK Supermarkets is committed to being an equal opportunities employer. The aim of our policy is to ensure that all applicants are treated equally irrespective of ethnicity, age, disability, gender, language, religion or belief / None-belief or sexual orientation.

To assist in monitoring this policy, and for no other reasons please would you complete this questionnaire. This information will be kept strictly confidential. It will not be seen or used during the selection process and will be used for statistical monitoring only.

To carry out this approach we need your assistance and would be grateful if you could provide the information requested.

Please tick your age :

<input type="checkbox"/>										
0 -18	19-24	25-34	25-34	35-44	45-54	55-64	65 +	Prefer not to say		

Race/Ethnicity:

Please tick in the relevant box apply to you.

A:White

British, English, Northern Irish, Scottish or Welsh:

Irish:

Gypsy or Irish traveller:

Any other white background, please specify:

B: Mixed or multiple ethnic groups

White and Black Caribbean:

White and Black African:

White and Asian:

Any other mixed or multiple ethnic background, please specify:

Race/Ethnicity:

Please tick in the relevant box apply to you.

C: Asian or Asian British

Indian:

Pakistani:

Bangladeshi:

Chinese:

Any other Asian background, please specify:

D: Black, African, Caribbean or black British

Caribbean:

African:

Any other black British, African or Caribbean background, please specify:

E: Other ethnic group

Arab:

Any other ethnic group, please specify:

F. Prefer not to say**Sex:**

Please tick in the relevant box apply to you.

Male:**Female:****Sexual Orientation:**

Please tick in the relevant box apply to you.

Bisexual:**Gay Man:****Gay Woman or Lesbian:****Heterosexual or straight:****Prefer not to say:****Other:****Signature:****Date:**