

# APPLICATION FORM

## ABOUT THE JOB

THANK YOU FOR SHOWING INTEREST IN JOINING THE BUTCHIES FAM, PLEASE FILL IN THE BELOW APPLICATION FORM

WHICH POSITION ARE YOU APPLYING FOR?	MANAGEMENT?	A BUTCHIE? (TEAM MEMBER)	
IF APPLYING FOR A BUTCHIE, ARE YOU LOOKING FOR	FULL TIME	PART TIME	POSITION?
WHICH RESTAURANT WOULD YOU LIKE TO WORK IN?			
HOW DID YOU HEAR ABOUT US?			

## PLEASE TELL US ABOUT YOURSELF

YOUR NAME (IN BLOCK CAPITALS PLEASE)	
YOUR ADDRESS	
POSTCODE	IS THIS YOUR PERMANENT ADDRESS YES NO
YOUR CONTACT TELEPHONE NUMBER	
YOUR EMAIL ADDRESS	
DO YOU HAVE THE RIGHT TO WORK IN THE UK?	DO YOU HAVE ANY VISA RESTRICTIONS WE NEED TO BE AWARE OF?
YES NO	YES NO
DO YOU HAVE ANY UNSPENT CRIMINAL CONVICTIONS, NOT COVERED BY THE REHABILITATION OF OFFENDERS ACT?	IF YES PLEASE GIVE DETAILS BELOW
YES NO	

## YOUR AVAILABILITY

OUR RESTAURANTS ARE OPEN EVENINGS, WEEKENDS & HOLIDAYS

PLEASE TICK ALL APPLICABLE BOXES TO INDICATE YOU ARE AVAILABLE TO WORK ON SHOWN SHIFTS WITH A ✓

DAY \ SHIFT	MON	TUE	WED	THU	FRI	SAT	SUN
AM							
PM							

IF APPLYING FOR A MANAGEMENT POSITION, WHAT DO YOU ENJOY ABOUT A LEADERSHIP ROLE?
HOW WOULD YOUR FRIENDS/COLLEAGUES DESCRIBE YOU?

IF YOU HAVE A CV PLEASE ATTACH A COPY



YOUR MOMMA AND YOUR COUSIN TOO



NUTTIN' BUT A CHEESE THANG

# APPLICATION FORM

## HEALTH & SAFETY AND FOOD HYGIENE

HAVE YOU, OR ANY CLOSE FAMILY/MEMBER OF YOUR HOUSEHOLD WHO YOU HAVE REGULAR CONTACT WITH, SUFFERED FROM ANY OF THE FOLLOWING ILLNESSES WITHIN THE LAST MONTH? TYPHOID, PARATYPHOID, CHOLERA, DYSENTERY, GASTROENTERITIS, SALMONELLA OR ANY OTHER FOOD POISONING INFECTIONS?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

IF YES, PLEASE NAME THE ILLNESS AND WHEN IT WAS

IF YES, ARE YOU STILL IN REGULAR CONTACT WITH THIS PERSON?

HAVE YOU EVER HAD, OR ARE YOU KNOWN TO BE A CARRIER OF, TYPHOID OR PARATYPHOID?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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WE MAY NOT BE ABLE TO ALLOW YOU TO START WORK WITH US UNTIL YOUR POTENTIALLY INFECTIOUS PERIOD IS OVER. WE MAY NEED PERMISSION TO CONTACT YOUR DOCTOR TO ESTABLISH WHEN THIS MIGHT BE.

DO YOU SUFFER FROM ANY NON-FOOD RELATED ALLERGIES/MEDICAL CONDITIONS?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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DO YOU SUFFER FROM BOILS, STIES, SEPTIC FINGERS OR DISCHARGES FROM EYES, EARS OR GUMS/MOUTH?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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PLEASE STATE ALL THAT APPLY

DO YOU SUFFER FROM RECURRING SKIN OR EAR TROUBLE, OR ANY RECURRING BOWEL DISORDERS?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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PLEASE STATE ALL THAT APPLY

THIS INFORMATION WILL BE USED TO ASSESS YOUR SAFETY IN HANDLING THE FOODS AND CLEANING MATERIALS USED IN OUR RESTAURANTS

DO YOU HAVE A DISABILITY, LONG TERM MEDICAL CONDITION WHICH COULD AFFECT YOUR CAPACITY TO CARRY OUT THE DUTIES OF THE JOB YOU ARE APPLYING FOR?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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IF YES, PLEASE OUTLINE ANY REASONABLE ADJUSTMENTS WHICH YOU MIGHT NEED AT AN INTERVIEW/OR TO CARRY OUT THE DUTIES OF THE JOB

IF YOU DO HAVE A DISABILITY THAT WOULD AFFECT YOU AT WORK, WE MAY NEED TO SEE A MEDICAL REPORT OR ASK YOU TO SEE AN OCCUPATIONAL HEALTH SPECIALIST TO ENSURE YOUR HEALTH AND SAFETY AT WORK AND TO FINALISE WHAT ADJUSTMENTS YOU MAY NEED.

## YOUR DECLARATION

I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS SUBJECT TO MY APPLICATION DETAILS BEING CORRECT, MY REFEREES PROVING SATISFACTORY AND THE COMPANY BEING ABLE TO MAKE ANY NECESSARY ADJUSTMENTS TO COVER ANY LONG-TERM DISABILITY. INFORMATION GIVEN IN THIS APPLICATION WILL BE CONTROLLED UNDER DATA PROTECTION LEGISLATION AND WILL BE USED FOR THE PURPOSES OF RECRUITMENT WITHIN THE ORGANISATION. SHOULD YOUR APPLICATION BE SUCCESSFUL, THE INFORMATION WILL THEN BE USED FOR YOUR STAFF RECORD AND FOR PAYROLL PURPOSES. IF UNSUCCESSFUL, YOUR INFORMATION WILL BE KEPT SECURELY ON FILE FOR 6 MONTHS AND THEN DESTROYED. MAY WE HAVE YOUR PERMISSION TO PROCESS THE INFORMATION BOTH MANUALLY AND AUTOMATICALLY FOR THESE PURPOSES?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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