

Application Form

Store: _____

Date Received: _____

Thank you for applying to join our team. Due to the significant levels of applications we receive, we are sorry that we are unable to personally respond in all cases. Successful applicants will be contacted within 14 days. Please complete both pages of the application in BLOCK CAPITALS.

Personal Information

First Name: _____ Last Name: _____

National Insurance No: ____ - ____ - ____ - ____ - ____ Nationality: _____

Address: _____

Telephone Number: (Home) _____ (Mobile) _____

Email: _____ Do you hold a full driving licence? Yes / No

For Health & Safety reasons, please indicate which age bracket you fall into: Under 16 __ / 16 to 17 __ / 18+ __

You must attach a copy of at least one of the following to this form and bring the original documentation to the interview as evidence of your entitlement to work in this country. Failure to do so will invalidate your application. Please tick as appropriate:

- | | |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> British passport or UK/Irish Birth Certificate | <input type="checkbox"/> Certificate of registration/naturalisation as a British Citizen |
| <input type="checkbox"/> Passport showing right to live in the UK | <input type="checkbox"/> EEC passport or identity card |
| <input type="checkbox"/> Non-European passport with relevant work visa | <input type="checkbox"/> Any other document that supports your eligibility to work in the UK. |

What sort of employment are you looking for? Full time or Part time

State your availability to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time from:							
Time to:							

When would you be able to commence working with us? _____

Do you have any holiday commitments? If yes, please detail: _____

What qualities do you have that make you suitable for this position?

When have you delivered great service and what did you do to make a difference?

Why do you think great customer service is so important at Costa?

Health Information

Please give details and dates of any serious injuries or recurring illnesses from which you suffer/have suffered:

Please provide details of any condition/disability that could affect your ability to do this job and also, of any reasonable adjustments we could make to enable you to work with us:

History of Convictions

Have you ever been convicted of any criminal offence which is not a spent conviction within the terms of the Rehabilitation of Offenders Act 1974? If yes, please give full details (any failure to declare may result in dismissal):

Education and Training: List below your last 2 places of education/training, starting with the current or most recent.

Name and Address of School or College	Qualifications achieved or being studied

Employment History: List below your last three employers, starting with the current or most recent.

Name and address of employer and type of business:	Reason for leaving:	Rate of pay:	Position:
		Average number of hours worked each week:	Length of service:
What were your duties?			
Managers name:		Telephone No:	May we contact them? Yes / No
Name and address of employer and type of business:	Reason for leaving:	Rate of pay:	Position:
		Average number of hours worked each week:	Length of service:
What were your duties?			
Managers name:		Telephone No:	May we contact them? Yes / No
Name and address of employer and type of business:	Reason for leaving:	Rate of pay:	Position:
		Average number of hours worked each week:	Length of service:
What were your duties?			
Managers name:		Telephone no:	May we contact them? Yes / No

Gaps in employment: Were there any gaps in employment between any of the above? If so, for how long and for what reason?

Length of gap:	Between which employers:	Reason:

References: Please give the names of two referees (not related to you), who can be contacted to provide a reference. If this is your first job, please supply a tutor/lecturer's name.

Name:	Address and telephone number:	How do you know this person?

I confirm that the information given in this application form is true and complete. I understand that Coffee Snobs Ltd reserves the right to withdraw any offer of employment or to terminate employment already commenced if the information provided is inaccurate or misleading in any way. I confirm that I am entitled to work in the UK. I understand that my employment is subject to references that are satisfactory to Coffee Snobs Ltd.

Signed: _____ Date: _____

Please return to: Head Office, Coffee Snobs Ltd t/a Costa, 100 High Street, Ruislip, Middlesex HA4 8LS