



Application Form

Seriously good milkshakes

Position Applied For:

FULL TIME:

PART-TIME:

Tell us about yourself:

First Name:.....Surname:.....Title:.....

Email Address:.....DOB:.....

Address:.....

.....

.....

Mobile Number:.....Landline Number:.....

Where have you worked before?

From	To	Company name and address	Position held and responsibilities	Rate of pay	Reason for leaving

Education:

From	To	Name and address of School/College/University	Qualifications	Subject	Year	Grade

Availability - Our opening hours are: MON to SAT - 10am - 7pm SUNDAY 11am - 5pm

How many hours are you able to work a week?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

What interests and hobbies do you have?

.....

.....

.....

.....

.....

.....

Do you have any other relevant experience?

.....

.....

.....

.....

.....

.....



Finally tell us what makes a Happy Day for you?



.....

.....

.....

.....

.....

.....

References

At least one of the references should be from a previous employer unless this is your first job.

Name:	Name:
Job Title:	Job Title:
Company Name:	Company Name:
Address:	Address:
Contact Tel No:	Contact Tel No:
Relationship to applicant:	Relationship to applicant:

Are you entitled to work in the UK or Ireland?

If you do not originate from the European Community, do you have the right to work in the UK? YES NO

All employees are obliged to provide original documentary evidence of their right to work in the UK, prior to commencing employment. Finally are there any restrictions on your write to work in the UK? YES NO

Declaration: (please read carefully before signing this application)

I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

I agree that the organisation reserves the right to require me to undergo a medical examination. (should we require further information and wish to contact your doctor with a view to obtaining medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor).

Signature of Applicant:

Date:

Happy Days processes the personal data in this Application Form in accordance with the Data Protection Act 1998. The personal data will be used for the recruitment for the position specified. Personal data will also be used for implementing and monitoring Happy Days equal opportunities policies. Should you be employed by Happy Days then the personal data will be used for the purposes of employee administration (including payrolls, pensions, work management and other employee related matters). The personal data may be passed onto the other members of Happy Days and, if so, will be used by those members for the purposes equivalent to those set above. The personal data will not be disclosed to any other third party without prior consent except where there is a legal requirement to do so. Should you be unsuccessful in your application, Happy Days will retain your personal data for no longer than 3 months unless you state otherwise.

Equal Opportunities:

Happy Days recognises its obligation in respect of equal opportunities. The following questions are designed to assist us in meeting these obligations.

Do you consider yourself to have a disability? Yes No

If you answered yes to the question above please tell us the nature of your disability:

.....
.....
.....

Please describe your ethnic origin:

Caribbean African Oriental Asian
UK European Other European Other (please specify)