



John Olivers is committed to ensuring that everyone we employ has equality of opportunity open to them, free of discrimination on the grounds of gender, sexual orientation, race colour, religion or belief, marital status disability, age or union status. Recruitment and selection procedures and outcomes will be regularly reviewed to ensure adherence to the Equal Opportunities policy. Monitoring will take place to ensure that equality principles are adhered to. Please assist by completing this form.

## APPLICATION FOR EMPLOYMENT

All personal details on this form will be treated in confidence.  
Please complete this form in black ink or type and return to:-

**POST APPLIED FOR:**

Apprenticeship in Hairdressing

### PERSONAL DETAILS

Last Name \_\_\_\_\_ Title (optional) \_\_\_\_\_

First Name \_\_\_\_\_

Postal Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Mobile number (optional) \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male/Female \_\_\_\_\_

Ethnic Origin \_\_\_\_\_

National Insurance or Work Permit No. \_\_\_\_\_

**EDUCATION**Name of School/College/University \_\_\_\_\_  
\_\_\_\_\_

Examinations (taken or predicted grades). Please list subject, examination level with grades and dates where known.

English

Maths

Science

Other

**MEDICAL HISTORY**

Do you suffer with or have suffered with any serious medical condition that we should be aware of? Please tick box as appropriate. If YES is ticked please give details.

	<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>
Respiratory/Bronchial Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Dermatitis/Skin complaint	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Headache/Migrane	<input type="checkbox"/>	<input type="checkbox"/>
Epileptic Fits/Fainting/Blackouts	<input type="checkbox"/>	<input type="checkbox"/>	Mental or Stress Related Illness	<input type="checkbox"/>	<input type="checkbox"/>
Upper/Lower Limb Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Back or Neck Pain	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Learning Support	<input type="checkbox"/>	<input type="checkbox"/>

How many periods of absence have you had from work/school/college in the last 12 months?

How many days off sick does this equate to?

**PERSONAL STATEMENT**

Please use this section to say why you would like to work for John Olivers. If you are involved in activities outside work, or have other experience that might be relevant, you can include the information here.

Please continue on a separate sheet if necessary.

**INTERESTS**

Names of Clubs, Societies of which you are a member.

**REFERENCES**

The Company may approach a teacher or previous employer to provide us with references. Please give details of two referees below.

	<b>Referee One</b>	<b>Referee Two</b>
Name	_____	_____
Address	_____ _____ _____	_____ _____ _____
Tel No.	_____	_____

**OTHER INFORMATION**

Do you have any holidays booked in the next month? If so please give dates.

Disabled candidates may require special arrangements for attending interview. Do you require such arrangements to be made? YES  NO  If yes, please specify.

**DECLARATION**

**I confirm that the above statements are true and correct, and understand that any misrepresentation will invalidate my application.**

**I understand that a medical report may be sought from my doctor or hospital specialist, but this will be subject to compliance with the Access to Medical Reports Act 1988.**

Signed ..... Date .....

**Office Use Only:**

Short Listed	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Position Offered	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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