

Please complete this form and enclose a copy of your C.V. All your details will be kept in the strictest confidence.

PERSONAL DETAILS

NAME: _____

ADDRESS: _____

DATE OF BIRTH _____

E-MAIL: _____

TELEPHONE: _____

MOBILE: _____

(We will contact you by email in the first instance)

When you have completed this application form, please return it to;
Ken Quine, 15 Station Rd, Port Erin, IOM, IM9 6AE

1: Would you prefer a full time or part time position?

2: If part time, what would your preferred hours be (e.g. mornings or afternoons etc?)

3: How flexible are you able to be time-wise (in case of holidays, illness etc)?

4: Are you able to work a) every weekend, b) occasional weekends as requested or c) no weekends?

5: Do you have the legal right to work in the U.K.?

8: Do you require a work permit to work in the Isle of Man?

6: Are there any restrictions/time limits to your legal right to work in the U.K.? If yes, please give details.

7: What is your National Insurance Number?

9: Have you ever been convicted of a criminal offence by a Court of Law or other similar Judicial Body,

which is not legally spent within the meaning of the Rehabilitation of Offenders Act 1974?

If yes, please give details (on a separate sheet if necessary). Any such details will be treated with the strictest confidentiality.

Please complete the following questions as fully as possible.

10: Why do you want to join the team at Ken Quine?

11: How important do you think it is to display products in a clean and organised way?

12: What do you consider to be the most essential elements of customer service?

13: How would you contribute to our team? What value would you add?

14: Please give an example of a situations where you have had to overcome difficulties in communication.

How did you overcome them?

15: Please give an example of a time you suggested a new way of approaching a task or suggested some improvement/s at work.

EMPLOYMENT HISTORY Please start with your most recent/current employer.

From :

To:

Company Name:

Job Title:

Description of Role/Duties:

Reason for Leaving:

From :

To:

Company Name:

Job Title:

Description of Role/Duties:

Reason for Leaving:

From :

To:

Company Name:

Job Title:

Description of Role/Duties:

Reason for Leaving:

REFERENCES:

Please include contact details for your chosen referees below. One of these should be your current

or last employer. Please do not include family members. The referee should have known you for at least 3 years.

Upon any offer of employment, we will seek references from 2 of the referees you have listed.

Employment is dependant upon receipt of 2 references deemed to be satisfactory.

Name:

Address:

Contact Number:

Nature of Relationship:

Name:

Address:

Contact Number:

Nature of Relationship:

Name:

Address:

Contact Number:

Nature of Relationship:

HEALTH:

Are you aware of any health reasons that might affect your ability to perform the duties of the position for which you are applying?

If yes, please give details:

PERSONAL DEVELOPMENT:

Please list any relevant skills, interests or training/qualifications that you have which you feel may be beneficial to the position you are applying for. Include any dates and levels achieved.

Continue on a separate sheet if necessary.

If you have any questions or you would like to add anything further, please do so here.