

APPLICATION FOR EMPLOYMENT (FORM A1)

new york nails & beauty

* indicates this section must be completed fully otherwise we will not accept your application form

Personal Details:

Date: _____

Surname:*	First name:*
Street Address:	Telephone:*
	Mobile:
Postcode:	
	Email Address:
National Insurance No:*	Position Applied for:*
How did you hear of this opening:	Location Preferred:*
When can you start:	Desired Wage: £
Uniform Size (Tunic Top):	

- *Are you a U.K.citizen or otherwise authorized to work in the U.K.on an unrestricted basis?
[] Yes [] No (Photographic ID must be produced before employment can commence for all employees)
- *Are you looking for full time employment? [] Yes [] No,
If no, what hours are you available? _____
- *Have you ever been convicted of a criminal offence? [] Yes [] No If yes, give details:

** Please state, if applicable, what prior holidays you have booked, stating dates.

Please place a cross (x) in the boxes to indicate when you are regularly available to work each day. This will help us to identify a suitable role for you.

	9am - 10am	10am - 11am	11am - 12pm	12pm - 1pm	1pm - 2pm	2pm - 3pm	3pm - 4pm	4pm - 5pm	5pm - 6pm	6pm - 7pm	7pm - 8pm	8pm - 9pm	9pm - 10pm
Mon													
Tues													
Wed													
Thurs													
Fri													
Sat													
Sun													

Please note that your availability does not guarantee that we can provide these hours.

*EDUCATION:
(School Name, location and year of leaving also state either Secondary or Grammar)
School:
College:
University:
*QUALIFICATIONS: (Exam body, Course Name, Grade and Year)
PROFESSIONAL QUALIFICATIONS: (Course Name and Year)

In addition to your work history, are there are other skills, qualifications, or experience we should consider: (continue on a separate page if necessary)

***Employment History: (Start with the most recent/current employer.)**

1. Company Name:		
Address:		
Postcode:	Tel:	
Date Started:	Starting Wage :	Starting Position:
Date Ended:	Ending Wage:	Ending Position:
Responsibilities:		
Reason for leaving:		

2. Company Name:		
Address:		
Postcode:	Tel:	
Date Started:	Starting Wage :	Starting Position:
Date Ended:	Ending Wage:	Ending Position:
Responsibilities:		
Reason for leaving:		

3. Company Name:		
Address:		
Postcode:	Tel:	
Date Started:	Starting Wage :	Starting Position:
Date Ended:	Ending Wage:	Ending Position:
Responsibilities:		
Reason for leaving:		

***References:**

Please provide 2 references, one of whom must be your current/previous employer. We will contact your referees after a successful interview and trade test.

Reference 1	Reference 2
Name:	Name:
Position in Company:	Position in Company:
Company Address:	Company Address:
Tel:	Tel:

I am aware that I will be required to work unsociable hours (including Saturday's and Sunday's) and outside my normal hours in accordance with the business.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This business is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this business is "at will," which means that either I or this business can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this business, other than the president has the authority to alter the foregoing.

Signature _____ Date _____

Office Use Only:

Meets criteria for Interview Yes/No (delete as appropriate) Date _____

Letter of Offer/Decline sent (delete as appropriate) Date _____

*MEDICAL HISTORY - CONFIDENTIAL (WHEN COMPLETED)

Our health standard requires you to show that you can give regular and effective service. In order to do this, we ask you to provide details of your health. Please note that you will be required to sign a declaration at the end of this form and it is important that your answers are accurate and you do not withhold any information. We are an equal opportunities employer and recruit on the basis of ability not perceived disability. Any information given on your medical history on any disability will assist us in assessing whether reasonable adjustments can be made. Please answer ALL the following questions.

Surname:	Forename(s):
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The Disability Discrimination Act 1995 defines a person with a disability as “A physical or mental impairment which has a substantial adverse long term effect on his or her ability to carry out normal day to day activities.”

Do you have a disability which may affect your ability to undertake the role of a Nail Technician or which requires special arrangements? If yes, what facilities/adjustments/equipment might enable you to perform the role? YES / NO

Medical Conditions			
You are asked to indicate whether you currently have or have ever had any of the following medical conditions.			
1	Epilepsy, fits, blackouts, fainting turns or unexplained loss of consciousness	Yes	<input type="checkbox"/> No <input type="checkbox"/>
2	Recurrent headache or migraine, Vertigo, dizziness, giddiness, problems with balance	Yes	<input type="checkbox"/> No <input type="checkbox"/>
3	Asthma, bronchitis, emphysema, pleurisy, pneumonia or any other lung disease including TB or pneumothorax disorder	Yes	<input type="checkbox"/> No <input type="checkbox"/>
4	Inflammation of the bowel including Crohn’s Disease, ulcerative colitis, bleeding from rectum or diarrhoea lasting more than one week, Irritable bowel syndrome	Yes	<input type="checkbox"/> No <input type="checkbox"/>
5	Kidney stones or Any other kidney or bladder conditions	Yes	<input type="checkbox"/> No <input type="checkbox"/>
6	Recurrent kidney or urinary tract infection e.g. cystitis and urethritis	Yes	<input type="checkbox"/> No <input type="checkbox"/>
7	Any problems with bones or joints including back, neck, knee, sciatica, any fracture, or recurrent dislocation of a major joint	Yes	<input type="checkbox"/> No <input type="checkbox"/>
8	Psoriasis, eczema, allergic skin rash or other skin disease	Yes	<input type="checkbox"/> No <input type="checkbox"/>
9	Any metabolic disorder including diabetes, thyroid and adrenal gland disease or other glandular disorder	Yes	<input type="checkbox"/> No <input type="checkbox"/>
10	Anxiety/depression, phobias, mental breakdown or stress related problems, Any other mental illness	Yes	<input type="checkbox"/> No <input type="checkbox"/>
11	Any allergies including hayfever	Yes	<input type="checkbox"/> No <input type="checkbox"/>
12	Current treatment. Are you currently attending a hospital/GP for treatment or waiting for an appointment?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
Are you currently on any medication, if yes please state why?			
Provide any other medical information that you feel relevant and which may impact on your employment with New York City nails.			
If you have ticked ‘Yes’ to any of the above, please give details below.			

The information I have provided above is accurate and I have not withheld any details. I understand that the giving of false information or withholding information could subsequently result in my dismissal.

Signed _____ Date: _____

Equal Opportunities Monitoring
Strictly Confidential

Non completion of this section may result in your application being rejected. It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status. Applicants for posts are selected solely on the basis of merit. To ensure that our Equal Opportunities Policy is effective you are requested to complete the following questionnaire by ticking the appropriate boxes:

1. SEX Male Female
2. MARITAL STATUS Single Married Other
3. RELIGIOUS AFFILIATION I am a member of the Protestant Community
- I am a member of the Roman Catholic Community
- I am a member of neither the Protestant or Roman Catholic Community
4. ETHNIC ORIGIN
- | | | | | | |
|---------------|--------------------------|-----------------------------|--------------------------|-----------------|--------------------------|
| Black African | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> | Black Caribbean | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Indian | <input type="checkbox"/> | Irish Traveller | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | White | <input type="checkbox"/> | Mixed Ethnic | <input type="checkbox"/> |
| Filipino | <input type="checkbox"/> | Other, please specify _____ | | | |

Access to this information will be strictly controlled. It will not be available to those considering your application for employment. The information will not be used for any purpose other than equal opportunities monitoring.

Please return completed application forms to:

New York nails& Beauty
18B Thomas St
Ballymena
Co Antrim
BT 43 6AU

Phone Salon 02825657257
Mobile 07703463857 (William)