

Application Form



Please note that this application form must be fully completed to be considered for any of our positions. Any applications not fully completed will unfortunately be void and any advancements in the application process will not be possible. **Once completed please email your application to lyndseygeddes@oneooneretail.co.uk.**

JOB TITLE:

STORE:

1 YOUR DETAILS

Full Name:

Address:

Postcode: Mobile Number:

Email Address:

2 EDUCATION & TRAINING

Highest Level of Education:

Exam Results/Qualifications:

Do you hold a full and valid UK driving license?
 YES NO

3 EMPLOYMENT HISTORY

Present/Previous Employer:

Job Title:

Address:

Postcode: Contact Number:

Email Address:

Dates Employed:

Do you need a work permit to work in the UK?
 YES NO

Please use the extra space overleaf to list additional employment history, if relevant to this position.

No approach will be made to your present employer before an offer of employment has been made to you.

Duties & Responsibilities:

Reason for leaving:

Please tell us about other jobs you have done and the skills you used and/or learned in those roles:

Please tell us why you applied for this job and why you think you are the best candidate for us?

4 ADDITIONAL NEEDS

Do you consider yourself to have a disability?

YES NO

If so, please tell us if there are any 'reasonable adjustments' we can make to assist you in your application or with our recruitment process:

5 REFERENCES

Full Name:

Job Title & Company, if applicable:

Address:

Postcode:

Phone Number:

Email Address:

Connection To Candidate:

Full Name:

Job Title & Company, if applicable:

Address:

Postcode:

Phone Number:

Email Address:

Connection To Candidate:

6 ADDITIONAL NOTES

Please use this space to note any additional information you feel may be relevant to your application:

7 DECLARATION

EQUAL OPPORTUNITY: One O One are committed to equal opportunity for all employees, both current and potential, irrespective of ethnic or cultural background, colour, gender, marital status, disability or age; to ensure that any unfair or unlawful discrimination does not occur.

I confirm, to the best of my knowledge, that the above information is true and correct. I understand that providing deliberately false information may result in termination of my employment or my application being void.

Signature:

Date:

For further assistance in completing this form please visit your local One O One store or contact us online at one-o-one.co.uk/contact-us.