



Job Application Form

Name:

Address:

Phone:

Email:

Nationality:

Date of Birth:

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Photo:

1. How long will you be available to work at Rachel's?
(☐) 0-3 months (☐) 3-6 months (☐) 6-12 months (☐) 12 months or more
2. What date can you begin work?
3. How many hours per week would you like to work?
4. How many sick days did you take in your last 12 months or work or college?
5. Do you have any medical conditions that we may need to know of? If yes, then please describe:
6. Are you currently a student? If yes, then where and what year?

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7. We have shift which run in between 10am to 4pm. Please list your availability between these hours, for example
10am – 3pm or 10am – 2pm.
8. Your availability on:
(Please enter the times you can work, ANY if fully flexible, and NONE if you can't work)
(☐) Monday (☐) Tuesday (☐) Wednesday
(☐) Thursday (☐) Friday (☐) Saturday



9. Please list the last 3 jobs you held and briefly describe your positions and responsibilities

10. Employer name/address:

11. Dates employed:
12. Position held:
13. Main duties / Responsibilities:

14. Wage:
15. Reason for leaving:

16. Please list the name, position, relationship to you, and phone number of someone who can give you a work reference. *(Enter NONE above if you don't have a work reference)*

17. Do you have plans to go on holiday in the first three months of employment? If yes, then list dates:

18. Why do you want to work at Rachel's?