



Employment Application Form

Please fill in the form fully in black ink, sign and date, then send in the post to:  
HR Department, Sayers The Bakers, Sidney Street, Bolton. BL3 6BG



Thank You and Good luck.

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### Personal Details

Surname \_\_\_\_\_ Forename \_\_\_\_\_ Title \_\_\_\_\_

NI Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Are you eligible to work in the UK? YES / NO If NO, please attach a copy of a valid work permit & travel documentation

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### Emergency Contact Details

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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### Position Applied For

Position \_\_\_\_\_ Location \_\_\_\_\_

Where did you here about this position? \_\_\_\_\_

Have you ever worked for Sayers before? YES / NO

If YES, please give details \_\_\_\_\_  
\_\_\_\_\_

Please specify what days and hours you are available to work

Mon	Tue	Wed	Thur	Fri	Sat	Sun

How many hours a week can you work? \_\_\_\_\_

Are there any times you can not work? \_\_\_\_\_



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**Details of Previous Employment** (most recent first)

Name & Address of Employee	Dates From & To	Job Title	Main Duties	Reason For Leaving	Salary

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**Education & Training**

School	Dates From	Dates To	Examinations Taken & Results

University	Dates From	Dates To	Examinations Taken & Results



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**Hobbies & Interests** (please detail)

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**Personal Details**

Have you ever been convicted of a criminal offence that has been under the Rehabilitation of Offenders Act (1974)? YES / NO

If YES please specify \_\_\_\_\_

Do you have a disability, within the meaning of the Disability Discrimination Act (1995)? YES / NO

If YES, please give details of any special arrangements you require for interview purposes \_\_\_\_\_

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Do you have a current driving license? YES / NO

Do you have use of a car? YES / NO

Do you have any driving endorsements or convictions? YES / NO

Have you had any vehicle traffic accidents in the past 3 years? YES / NO

If yes please specify \_\_\_\_\_

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**References**

Please give names, addresses and telephone numbers of two previous employers who will be happy to act as referees. One must be your last employer, although he/she will not be contacted unless we have your permission. Reference given by a third party about you will be confidential and will not be disclosed in line with the Data Protection Act (1998).

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Tel \_\_\_\_\_ Tel \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

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**Declaration**

I declare that the information I have provided is correct and agree that it may be held manually or on computer, and processed for employee administration and monitoring purposes, in line with the principles of the Data Protection Act (1998). I understand that false statements or failure to declare information may lead to termination of my employment.

Signed \_\_\_\_\_ Date \_\_\_\_\_