

# ZERODEGREES

Please tick a box on the right for where you are applying:

- ☐ Zerodegrees, 29-31 Montpelier Vale, Blackheath, SE3 0TJ  
☐ Zerodegrees, 53 Colston Street, Bristol, BS1 5BA  
☐ Zerodegrees, 9 Bridge Street, Reading, RG1 2LR  
☐ Zerodegrees, 27 Westgate Street, Cardiff, CF10 1DD

## Pre-Employment Questionnaire - All Information Confidential

**Personal Information** - Please complete clearly in block capitals.

Title: Mr./ Mrs./ Ms./ Miss.	Surname:	First Names:	Date of Birth:
Present Address:			Nationality:
		Post Code:	Marital Status:
Home Telephone No.:		Mobile No.:	National Insurance No.:
Employment Desired	Email:		
Position Applied for:	Date you can start?	Wage rate desired:	Are you employed? YES / NO
If so, may we inquire of your present employer? YES / NO	Have you given your Notice to your current employer? YES / NO	Have you ever <b>applied</b> to this company before? YES / NO	Will this be your Main Employment? YES / NO
Have you ever <b>been employed</b> by this company or our associate companies before? YES / NO		If so when?	Have you been dismissed or forced to resign from any employment? YES / NO
Are you registered disabled person? YES / NO	Please detail:		

## Employment History - (List below last three employers, starting with most recent employer)

Date/Month/Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

Name and Location of School	Years. Attended	Exams Passed and Grades
Secondary School		
University College		
Other		

**Reference** - Give below the names of two persons not related to you, whom you have known at least one year.

Name	Address & Telephone Number	Business	Years Know
1			
2			

## General

i.e.: Subjects of Special Study, Special Training Skills, BII Qualification, Food Hygiene Course, First Aid, Personal Licence, SIA, etc....:

## Criminal Record

Do you have any criminal convictions except those spent under the Rehabilitation of Offenders Act 1974. YES / NO  
If you do, then please state them. I agree to provide written evidence from the Police, if requested by the company at anytime.

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**Health details** - *if none then leave blank* - I also authorise the company to contact my doctor for further details and confirmation of my state of health. I agree to undergo a medical examination if the company require this.

Doctor's Name and Address:	
Please list any diseases, disorders or allergies from which you have suffered or do suffer	
Are you afraid of heights or confined spaces? If so please give details.	
Do you suffer from anything that could affect the way you work? Such as back pains, aches, etc...	
Please give details of any medication you are currently or regularly receiving	
Please list all absences from work in the past 12 months & the reasons for such absences	
Emergency Contact Details	

**Additional Questions**

Do you have any friends or family working or used to work for the company? If yes, then what are their names?	
Why are you interested in working for our company and what strengths would you bring to our company?	
What didn't you like about your previous jobs?	
Uniform Size:      Shirt Size:      T-Shirt Size:      Hat Size:      Trouser Size:      Chef Jacket Size:	
Days available to work: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Referral Source: <input type="checkbox"/> Walk-in <input type="checkbox"/> Newspaper <input type="checkbox"/> Website
Which day would you like off?: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Other:

I understand that all information provided on this application is subject to verification and a reference check. All the information I have supplied in this application is a true and complete statement of the facts, and if employed, any false statement, misleading information or omission will give my employer the right to terminate any employment at any time.

Data Protection - I give the company permission to collect, digitally archive, retain and process all the information about me. I understand that my employer may share the information contained in this application with the employers' associated companies and with other employees for employment and administrative purposes and hereby consent to such transfer.

*Please note on successful application you will be required to produce your National Insurance Card or Passport & P45.*

Print Name:	Signature:	Date:
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**DO NOT WRITE BELOW THIS LINE**

**THE BELOW MUST BE FILLED IN, IN ORDER TO PROCESS THIS APPLICATION**

Comments from References and any remarks:					Timecard:	
					Apron:	
					Till Key:	
Personality:      /10	Ability      /10	Character:      /10	Neatness:      /10	T-Shirt:		
P45/P46 Received on:		References Checked: <input type="checkbox"/> Yes      Specify Name:      Contact details:				
Position:		Started on Date:		Base Wage Rate:		ID Shown:
Approved By:      Date						