

Application Form

NAME	_____	N.I. NUMBER	_____
ADDRESS	_____	DAYTIME TEL.	_____
	_____	HOME TEL.	_____

POSITION(S) APPLIED FOR – PLEASE MARK RELEVANT BOX(ES)

Bookseller

 Admin Assistant

 Goods-in

 Other _____

WORKING ARRANGEMENTS – PLEASE MARK ONE OF THE BOXES ON BOTH LINES

Permanent

 Temporary

Full-time

 Part-time

 Weekend

Waterstone's branches operate a shift working system. The hours can range from early in the morning e.g. 7am to late at night, e.g. 11pm. Please indicate below, for each day of the week, the earliest time you are available to start a shift and the latest time you are available to finish. Please do not limit yourself to your preferred hours of work, as all our staff should offer considerable flexibility. The branch manager will confirm an individual's shift pattern once employment commences.

	Example	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning	Earliest possible start 7.30am							
Afternoon								
Evening	Latest possible finish 10pm							

PLEASE PROVIDE DETAILS OF DATES YOU ARE NOT AVAILABLE TO WORK:



WATERSTONE'S

PLEASE OUTLINE YOUR EDUCATION AND QUALIFICATIONS BELOW:

Qualifications	Educational Establishment	Grade	Date

PLEASE OUTLINE YOUR WORK EXPERIENCES BELOW:

Employer Name	Job Title	Key Responsibilities	Dates From/to	Reasons For Leaving



WATERSTONE'S

WHAT IS ABOUT BOOKSELLING THAT INTERESTS YOU?

WHAT IS ABOUT WORKING FOR WATERSTONE'S THAT INTERESTS YOU?

DESCRIBE A TIME WHEN YOU COMPLETED A TASK THAT MET EXPECTATIONS

**DESCRIBE A TIME WHEN YOU WERE PART OF A SUCCESSFUL TEAM.
WHAT WAS YOUR CONTRIBUTION TO THE TEAM'S SUCCESS?**



WATERSTONE'S

HAVE YOU WORKED FOR WATERSTONE'S BEFORE?
YES/NO

If yes, please provide details:

Branch(es)	Position(s) held and reasons for leaving	Dates From/to

DO YOU KNOW ANYONE THAT CURRENTLY WORKS FOR WATERSTONE'S?
YES/NO

If yes, please provide details:

Name(s)	Locations(s)	

WHAT ARE YOUR HOBBIES AND INTERESTS?

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WATERSTONE'S

CRIMINAL CONVICTIONS

Do you have any criminal convictions that are not “spent” under the Rehabilitation of Offenders Act 1974? Please delete as applicable.

YES / NO

If yes, please provide details:

PLEASE SUPPLY THE NAME OF 2 REFEREES WHO WE CAN APPROACH IF WE OFFER YOU A JOB. WE WILL NOT APPROACH THEM WITHOUT YOUR AGREEMENT. ONE REFEREE SHOULD BE YOUR CURRENT/PREVIOUS EMPLOYER, OR YOUR SCHOOL/UNIVERSITY IF THIS WOULD BE YOUR FIRST JOB. THE SECOND SHOULD BE A PREVIOUS EMPLOYER OR SCHOOL/UNIVERSITY.

Referee's Name	Title	Address

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY AS DEFINED BY THE DISABILITY DISCRIMINATION ACT 1995?

If so, please set out any adjustments the company might need to make:

I acknowledge that the Company may process data which relates to me during the course of my employment in order to carry out their functions as my employer. I agree that the Company may record and hold such data and make it available to third parties in the ordinary course of these functions. I understand that the Company, and any such third party, comply with the principles of the Data Protection Act 1998.

PLEASE PRINT YOUR NAME

POSTION YOU HAVE APPLIED FOR

SIGNATURE

DATE



WATERSTONE'S

Recruitment Monitoring Information

STRICTLY CONFIDENTIAL

Both the Equal opportunities Commission and the Commission for Racial Equality recommend that employers should regularly monitor the effect of their Equal opportunities Policy.

Waterstone's support this recommendation. We hope that you will assist us in monitoring our recruitment process by completing this section and returning it with your application form. This information will be separated from your application form and will not be considered as part of the recruitment process.

PLEASE TICK AS APPLICABLE		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
GENDER	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
MARITAL STATUS	Married / Civil Partnership	<input type="checkbox"/>	Single	<input type="checkbox"/>
	Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
ETHNIC GROUP	White	<input type="checkbox"/>	Black-Caribbean	<input type="checkbox"/>
	Black – African	<input type="checkbox"/>	Black – other	<input type="checkbox"/>
	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
	Other - Please specify			
DATE OF BIRTH				