

# VALVONA & CROLLA®

*Shop and Caffè Bar*

19 Elm Row  
Edinburgh  
EH7 4AA  
TEL: +44(0)131 556 6066  
FAX: +44(0)131 556 1668



*VinCaffè*

Multrees Walk  
Edinburgh  
EH1 3DQ  
TEL: +44(0)131 557 0088

## APPLICATION FOR EMPLOYMENT

(Please PRINT clearly in ink)

Please note, applicants will only be contacted if selected for interview

### PERSONAL DETAILS

|   |  |
|---|--|
| Surname:  | First Name(s): Ms/Miss/Mrs/Mr                            |
| Address:  | Home Telephone No:                                       |
|   | Mobile Telephone No:                                     |
|   | E-mail Address:  |
| Postcode:   | Date of Birth:   |
| Nationality:  | National Insurance Number:                               |
| If not UK citizen, date of entry to UK:   |  |
| Do you have a valid work permit?  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If YES, please state type of work permit:   |  |
| Do you have a driving licence?  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If YES, is it clean?  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974? |  |
| YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |
| If YES, please give details:  |  |
| Do you have any medical condition or physical impairment that is relevant to your job application?                                |  |
| YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |
| If YES, please give details:  |  |

## EMPLOYMENT

|   |  |
|---|--|
| Position applied for:<br>Shop <input type="checkbox"/><br>Caffè Bar <input type="checkbox"/><br>VinCaffè <input type="checkbox"/><br>Other <input type="checkbox"/> | Pay Expected: £                  per<br><br>Where did you hear about the position: |
|---|--|

Would you work FULL TIME / PART TIME ? (Please delete as appropriate)

Why do you want to work for Valvona & Crolla?

What date would you be available to start?

If offered the position, will you work in any other capacity?    YES         NO

If YES, please give details:

Have you or any acquaintance worked with us before?        YES         NO

If YES, please give details:

Please enter your employment history, starting with the most recent (continue on a separate sheet if required):

| Start Date<br>MM/YY | Leaving Date<br>MM/YY | Name & Address of Employer | Job Title,<br>Starting and Leaving Salary | Reason for Leaving |
|---------------------|-----------------------|----------------------------|---|--------------------|
|                     |                       |                            |   |                    |

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed:

Briefly outline the skills and experience you have gained through paid employment and other activities that are relevant to your application:

Briefly describe your personality, and any qualities that would be of benefit in the position you have applied for:

Please enter your education history along with any relevant training and qualifications, starting with the most recent (continue on a separate sheet if required):

| Start Date<br>MM/YY | Leaving Date<br>MM/YY | Name & Address of School,<br>College or University | Subject | Qualification<br>and Grade |
|---------------------|-----------------------|--|---------|----------------------------|
|                     |                       |  |         |                            |

## REFERENCES

Please give details of two people we could approach for a personal reference (not relatives or former employers.)

Name:

Name:

Occupation:

Occupation:

Address:

Address:

Telephone:

Telephone:

I hereby declare that to the best of my knowledge, the information given in this application for employment is true and correct.

Signed:

Date:

Do you have any holidays booked or prior commitments within the next six months that will require you to take time off?

What is the MINIMUM length of time you would be able to work for us?

Are there any days/times when you are NOT available for work?

**FOR OFFICE USE ONLY:**

Date of receipt: \_\_\_\_\_ RNI [ ] Office

Sig: \_\_\_\_\_

Date & Time of 1<sup>st</sup> Interview: \_\_\_\_\_ RI [ ] Office

Sig: \_\_\_\_\_

Trial Start Date: \_\_\_\_\_

Interview Comments:

Signed:

Date:

General comments (please circle):

|                        | Poor | Average | Good | Excellent |
|------------------------|------|---------|------|-----------|
| Relevant Skills        | 1    | 2       | 3    | 4         |
| Relevant Experience    | 1    | 2       | 3    | 4         |
| Language Skills        | 1    | 2       | 3    | 4         |
| Enthusiasm             | 1    | 2       | 3    | 4         |
| Confidence             | 1    | 2       | 3    | 4         |
| General Presentation   | 1    | 2       | 3    | 4         |
| Total Score out of 24: |      |         |      |           |

Final outcome:

Signed:

Date: