

# HONEY CROWN BEE Limited

159 Fitzstephen Road, Dagenham RM8 2YB

Email: [honeycrownbee@gmail.com](mailto:honeycrownbee@gmail.com)

Tel:07951000678

## NEW STAFF APPLICATION PACK

Please complete this application pack. This is stage one of the application process. This will be reviewed to determine if you qualify for the stage two, the interview. Please complete fully and IN CAPITAL LETTERS

## PERSONAL INFORMATION

Position applied for	
Surname	Fore names
Previous Surname (if any, please supply evidence)	Previous Fore names (if any, please supply evidence)
Date of birth	
Phone Numbers	Email Address
Home	Personal
Mobile	
Nationality	
Passport No.	
Issue Date	
Expiry Date	
Are you eligible to work in the UK?	
Which document entitles you to work?	
Type or Name of document	
Number	
Date	
National Insurance No.	

## NEXT OF KIN DETAILS

Full name	
Relationship	
Tel no.	
Full address	

## CURRENT AND PAST ADDRESSES

Please supply home addresses covering the past five years for the purpose of processing the Disclosure and Barring Service, DBS check (previously CRB)

Start with current and then past addresses	Period lived there
Address 1	
Address 2	
Address 3	

Address 4	
Address 5	

**EDUCATION AND QUALIFICATION**

DATE	SCHOOL, COLLEGE, UNIVERSITY	QUALIFICATIONS OBTAINED

**OTHER TRAINING AND SHORT COURSES ATTENDED**

DATE	AWARDING BODY	QUALIFICATION

## WORK HISTORY

Please list out your current and previous employers, starting with most recent and covering the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if necessary.

Name of your current or last employer (1) Address	
Telephone Email Address	
Nature of business	
Period of employment	
Position held	
Job description	
Reason for leaving	
Name of your previous employer 2 Address	
Telephone Email Address	
Nature of business	
Period of employment	
Position held	
Job description	
Reason for leaving	
Name of your previous employer 3 Address	
Telephone Email Address	
Nature of business	
Period of employment	

Position held	
Job description	
Reason for leaving	
Name of your previous employer 4 Address  Telephone Email Address	
Nature of business	
Period of employment	
Position held	
Job description	
Reason for leaving	
Name of your previous employer 5 Address  Telephone Email Address	

## REFERENCE

### Professional reference 1

Name	
Organisation name and address	
Position in organisation	
Phone number	
Email address	

## Professional reference 2

Name	
Organisation name and address	
Position in organisation	
Phone number	
Email address	

## Character reference

Name	
Address	
Phone number	
Email address	

## HEALTH QUESTIONNAIRE

Do you smoke?	YES/ NO
Do you take alcohol?	YES/ NO
Tuberculosis	YES/ NO
Asthma	YES/ NO
Chest problems /pain	YES/ NO
Hear conditions	YES/ NO
High Blood pressure	YES/ NO
Blackout attack or giddiness	YES/ NO
Depression	YES/ NO

Mental illness	YES/ NO
Rheumatism or Arthritis	YES/ NO
Back problems	YES/ NO
Digestive or bowel disease	YES/ NO
Bladder or kidney problems	YES/ NO
Dermatitis or skin trouble	YES/ NO
Hearing trouble	YES/ NO
Severe eye trouble	YES/ NO
Leg trouble	YES/ NO

If you have another illness, operation not named above please explain below.

Do you have any mental or physical disability or illness (currently or recurring) which is relevant to the post for which you are applying?    Yes/No
If Yes, please give details
What adjustments (if any) need to be made to the working environment to accommodate your disability?

Please give details of all absences from work in the past 12 months, except holidays
Please give details of illnesses/accidents/injuries in the last 2 years

**IDENTITY CHECK**

Original documents presented – No photocopies acceptable	Interviewer should sign to confirm sighting of the original document to verify identity of the applicant. Photocopies should be attached to this application form	Date
1. Photographic		
1a. Passport		
1b. Photo Card Driving Licence		
1c. Immigration Document		
<b>OR</b>		
2. Birth Certificate		
2a. With the correct name		
2b. Or in another name, with proof of change of name		
<b>AND</b>		
3. Proof of address		
3a. Utility bill with correct name/address and which is less than three months old and paid		
3b. Bank statement with correct name and address and which is less than three months old		
3c. Credit card statement with correct name and address and which is less than three months old		
3d. Council tax bill with correct name and address and which is for the current year		
<b>IMPORTANT: INTERVIEWER SHOULD ATTACH PHOTOCOPIES OF THE ID EVIDENCE PRODUCED TO THE APPLICANT’S FILE WITH ONE OF THE RECENT HEAD AND SHOULDER PHOTOGRAPHS PROVIDED. THE OTHER PHOTOGRAPH WILL BE USED TO PROVIDE ID CARD IF APPLICANT IS SUCCESSFUL.</b>		