

# HONEY CROWN BEE Limited

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## NEW STAFF APPLICATION PACK

**PLEASE COMPLETE FULLY IN CAPITAL LETTERS.** This is stage one of the application process. This will be reviewed to determine if you qualify for the stage two, the interview.

### PERSONAL INFORMATION

POSITION APPLIED FOR	-
First Name	-
Previous First Name if any	-
Middle Name	-
Surname (with title)	-
Previous Surname if any	-
Which document supports your change of surname? Please attach.	
DATE OF BIRTH	-
Contact Information	
Mobile No.	- Home No -
Email Address	-
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.	-

ALL PAYMENT TO ME SHOULD BE MADE INTO THE BANK ACCOUNT BELOW:

Bank Name:

Account No.

Sort Code:

## NEXT OF KIN DETAILS

Full name	
Relationship	
Tel. No.	
Email Address	
Full address	

## EMERGENCY CONTACTS

Please provide details of two people we can contact in case of an emergency

	CONTACT No. 1	CONTACT No. 2
Full name		
Relationship		
Tel. No.		
Email Address		
Home address		

## CURRENT AND PAST ADDRESSES

**Please indicate exact day, month and year** that you moved into or out of each home address covering the past five years. Required for processing Disclosure and Barring Service, DBS check and record purposes.

<b>START WITH CURRENT</b> , then the one before, etc	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	
Period of employment	

## REFERENCES

### 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 references

Name	
Address	
Phone number	
Email address	

Name	
Address	
Phone number	
Email address	

## HEALTH QUESTIONNAIRE

Do you smoke?	YES/ NO	High Blood pressure	YES/ NO
Do you take alcohol?	YES/ NO	Blackout attack or giddiness	YES/ NO
Tuberculosis	YES/ NO	Depression	YES/ NO
Asthma	YES/ NO	Mental illness	YES/ NO
Chest problems /pain	YES/ NO	Rheumatism or Arthritis	YES/ NO
Hear conditions	YES/ NO	Back problems	YES/ NO
Digestive or bowel disease	YES/ NO	Hearing trouble	YES/ NO

Bladder or kidney problems	YES/ NO	Severe eye trouble	YES/ NO
Dermatitis or skin 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

## CRIMINAL RECORD CHECK DECLARATION

Under the Rehabilitation of Offenders legislation, work with vulnerable people requires that ALL convictions, charges or cautions (whether technically 'spent' or not) to be declared prior to any employment commencing. The employee is therefore required to complete the following declaration.

### DECLARATION

I understand that under the law, I must declare any arrest, charge, cautions or convictions and that ALL such occurrences must be stated. Any such occurrences are listed in the box below. If none, write 'NONE'

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### SIGN OFF

I hereby affirm that all information provided by me on this form are true and correct.

Name:

Signature

Date:

### IDENTITY CHECK

Original documents presented – No photocopies acceptable	Please sign against the original documents sighted to verify identity of the applicant. Attach photocopies to this form	Date
1. Photographic		
1a. International Passport		
1b. Full or Provisional Driving Licence		
1c. Residence Permit or appropriate Right To Work		
<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, not mobile phone		
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		