



Application Form

Please complete and return to: Presto Retail Limited, 2-4 Henry Street, Bath BA1 1JT

Position applied for:

Where did you hear about this vacancy?

ABOUT YOU

Please highlight your answer to the following question in bold or red

Title Mr Mrs Miss Ms

Surname First Name(s)

Address Post Code

Date Of Birth

Telephone Number Day Evening Home

Email Address

In which shop location would you prefer to work? (please state town/city)

What are your salary expectations?

YOUR WORK HISTORY

Please give details of your previous positions in the past five years, beginning with your current or most recent one

Employer Type of Business
Position Employment Dates from: to:
Reason for leaving Salary
FULL Postal Address

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Position Employment Dates from: to:
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Position Employment Dates from: to:
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YOUR DETAILS

HEALTH

Are you in good health? Yes No

Please give details of any serious illness or medical condition

ABSENCE

Number of days absent from work during the last year

Reason for absence

DISABILITY

Do you have or have you had a disability? Yes No

If yes, please give details:

EQUAL OPPORTUNITIES

Presto Retail Ltd take positive steps to ensure that all persons are selected for a job solely on their suitability. To do this effectively we need specific information from you and ask that you complete the section below. Please highlight as appropriate is bold or red.

My ethnic origin/descent is

UK or Irish	Other European	African
Asian	Caribbean	Other (please specify)

Religion

Have you If yes, please give details

- | | | |
|--|-----|----|
| ① Any unspent criminal convictions? | Yes | No |
| ② Got eligibility to work in UK and Eire? | Yes | No |
| ③ Ever been dismissed from a previous job? | Yes | No |

You will be required to sign in the areas below if you are invited to attend an interview.

Signature

Date

The Application Form is the initial stage of our selection procedure and will be used to select those candidates whom we wish to interview. Please check that it is accurate. I declare that the information contained in this form is true and complete. I understand that if it is subsequently discovered that any statement is false or misleading I will be dismissed from employment by the Company.

Signature

Date