



Any other skills or qualifications which may be relevant for the job you are applying for _____

4. Employment History (Please complete most recent first)

Employer _____ Start Date _____
 Type of Business _____ End Date _____
 Job Title _____
 How many people report to you? _____
 Reason for leaving _____
 Salary on starting _____ Salary on leaving _____
 Other benefits (eg Pension) _____

Employer _____ Start Date _____
 Type of Business _____ End Date _____
 Job Title _____
 How many people report to you? _____
 Reason for leaving _____
 Salary on starting _____ Salary on leaving _____
 Other benefits (eg Pension) _____

If you have had more than 2 jobs in the last 12 months, please complete an additional sheet and attach it to this form.



5. Tell us about you!

A. What are the most important aspects of building good customer relationships?

B. Why would you like to join Surfin Group?

C. Within your current role, what 3 attributes/qualities do you think best describe you?

D. What would others say are your worst 3 habits? What have you done to overcome these?

6. More About You

Below are some statements about you. In each case, please fill in the circle for the choice that you feel applies most to you.

For every numbered pair, you **MUST** choose option **A** or option **B**. If you have no work experience, please still try to select the option which applies most to you. We encourage you to answer quickly and honestly.

Which choice is more like you? Please select either **A** or **B** for each statement

	A		B
Q1 I am organised	<input type="radio"/>	or	I think on my feet <input type="radio"/>
Q2 I keep my head down	<input type="radio"/>	or	I volunteer for work <input type="radio"/>
Q3 I work best alone	<input type="radio"/>	or	I work best with others <input type="radio"/>
Q4 I look on the bright side	<input type="radio"/>	or	I look for snags <input type="radio"/>
Q5 I believe the customer is always right	<input type="radio"/>	or	I believe the customer often gets it wrong <input type="radio"/>
Q6 I keep going	<input type="radio"/>	or	I get tired <input type="radio"/>
Q7 I like to check everything thoroughly	<input type="radio"/>	or	I like to take an overall view <input type="radio"/>
Q8 I am not easily fooled	<input type="radio"/>	or	I am sometimes too helpful <input type="radio"/>
Q9 I like to help my colleagues	<input type="radio"/>	or	I think we should all look after ourselves <input type="radio"/>
Q10 I get stressed under pressure	<input type="radio"/>	or	I enjoy working under pressure <input type="radio"/>
Q11 I like straightforward work	<input type="radio"/>	or	I like to take on more important work <input type="radio"/>
Q12 I can spot disadvantages	<input type="radio"/>	or	I concentrate on the advantages <input type="radio"/>
Q13 I get put off by obstacles	<input type="radio"/>	or	I enjoy having a challenge <input type="radio"/>
Q14 I see the big picture	<input type="radio"/>	or	I check the detail <input type="radio"/>
Q15 I like to serve others	<input type="radio"/>	or	I think people should help themselves <input type="radio"/>
Q16 I like to be part of a group	<input type="radio"/>	or	I like to do my own thing <input type="radio"/>
Q17 I'm a born optimist	<input type="radio"/>	or	I'm a good critic <input type="radio"/>
Q18 I seek responsibility	<input type="radio"/>	or	I leave responsibility to others <input type="radio"/>



7. Equal Opportunities

It is a policy of Surfincafé to provide equal opportunities in all aspects of employer-employee relationships. We intend to treat all our employees without discrimination because of race, colour, age, sex, sexual orientation, marital status or disability. In order to assess whether our equal opportunities policy is working please could you complete the questions in this section. You don't have to complete this section and it will not affect your chances of selection if you choose not to.

Ethnic Origin (please tick one)

- Bangladeshi Black Caribbean Chinese White European
- Black African Black Other Indian White Other

Nationality _____

8. Medical History

What is your general state of health?	Good	Average	Poor <small>Please circle</small>
Have you ever suffered from any of the following:			
Typhoid fever &/or paratyphoid fever?			YES / NO <small>Please circle</small>
Diarrhoea &/or vomiting lasting more than seven days?			YES / NO <small>Please circle</small>
Fits, epilepsy, diabetes or blackouts?			YES / NO <small>Please circle</small>
Ear, eye, nose or throat infection currently or lasting more than 7 days?			YES / NO <small>Please circle</small>
Skin disease, dermatitis or allergies to any drugs or to handling any substances?			YES / NO <small>Please circle</small>
Respiratory condition?			YES / NO <small>Please circle</small>
Recurring disabilities affecting standing, walking, lifting or use of the hands?			YES / NO <small>Please circle</small>
Have you travelled abroad or lived abroad within the past 30 days? If yes, please indicate locations:			YES / NO <small>Please circle</small>
Please give details of any condition which may affect your ability to perform your role or require special working arrangements to be made:			
How many days off work have you had due to illness in the past year:			
Are you registered disabled?	YES / NO <small>Please circle</small>	Do you consider yourself to have a disability?	YES / NO <small>Please circle</small>

9. Convictions

Do you have any criminal convictions (other than a motoring offence), which is not a spent conviction under the Rehabilitation of Offenders Act 1974?

Yes / No

If Yes, Please give details _____

10. Other Information

Please give details of any other information, which may support your application for employment (e.g. any other achievements and hobbies)



11. References

All appointments are subject to the receipt of satisfactory references. Please provide details of two appropriate referees to whom confidential enquiries may be made. One reference should be from your current or most recent employer. Please state whether we may approach these referees at any time or only after an offer of employment has been made.

Name of manager/supervisor _____

Company name, address & telephone number _____

Relationship to you _____

May we approach the referee for a reference at any time? Yes / No? _____

Name _____

address & telephone number _____

Relationship to you _____

May we approach the referee for a reference at any time? Yes / No? _____

12. Declaration

I confirm that the information contained in this application form is correct and true. I understand that if it subsequently found that any statements are false or misleading my application may be disqualified or I may be dismissed from my employment with Surfincafé, and that any offer of employment made by SurfinCafe will be subject to satisfactory references being obtained.

Signed _____ Date _____

Please send your completed application form to;

Recruitment Surfin Group The Old Maltings Church Street Biggleswade Beds SG18 0JS

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