

Application Form

The Team

As part of the Café Papillon team you will have a key role in providing the highest standard of customer service at all times. If you are enthusiastic, outgoing and passionate, then this is the role for you.

Please read our application form fully before printing and completing it.

About You	
First Name:	
Last Name:	
National Insurance Number:	
Address:	
Postcode:	
Email:	
Phone:	
Mobi lo:	
MODITE.	7
Permanent Contact details (if different from above)	
Address:	
Phone:	

	
	
ou h	ve you ever been convicted of a criminal offence or do ave pending court offences? (YES / NO) es, please give details below.
	
Des	scribe yourself in three words?
Wha	at are you most passionate about?
	
orki	ng Time Directive
	or compliance of the Working Time Directive, we would
ppre	eciate it if you could indicate which age bracket you into:
OTT.	11100.

Eligibility	to work	in the U	K & Irela	nd.			
intervie Failure	w as ev to do	idence so wil	of your	entitler idate yo	ment to our appi	work in	ed to an the UK. . Please
□ Brit	ish Passp	ort or UK	birth cer	tificate	& letter.		
☐ Pass	port show	ing right	to live 8	work in	the UK.		
□ Non-E	luropean p	assport v	with relev	ant work v	risa.		
□ Cert	ificate o	f registr	ation / na	aturalisat	ion as a 1	British Ci	ltizen.
□ EEC	passport	or identi	ty card pl	us requir	ed work re	egistratio	on letter.
□ Any	other doc	ument tha	at support:	s your eli	gibility	to work in	n the UK.
Hours of	work						
₩ How m	any hour	s are y	ou looki	ng to wo	rk?		
□ 0-16 h	ours, 🗆] 16-20 h	nours, \Box	20 - 35 hc	ours, 🗆	35+ hour	îs .
Morning	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Midday							
Evening							
第 How w # Do you	ill you i have h	6 month	ike to was, 1 1 to work? booked?	year +, (If so p)	□ Othe	r/Season	al Work

About Your Skills
光 What is your highest level qualification?
90
Give details of any other work experience or skills you feel are relevant to the role.

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References
Please give the name and addresses of your two most recent
employers or independent referees who have known you well for more than two years.
Reference One
Name:
Address:
Postcode:
Phone:
Email:
₩ Reference Two
Name:
Address:
Postcode:
Phone:
Email:

Declaration

I understand that due to the physical nature of the role any history of back or spinal complaints may affect my application and an occupational health assessment is part of our recruitment procedure.

I understand that due to taking customer payments, any criminal record may affect my application.

I confirm that the information given by me is correct to the best of my knowledge. I understand that the company reserves the right to withdraw the offer of employment or to terminate employment already commenced if the information given by me is inaccurate or misleading in any way. Any job offer is conditional upon the receipt of two satisfactory references, medical reports and in certain cases, where appropriate, criminal records checks from the Disclosure and Barring Service (DBS).

Signature:	
Date:	

PLEASE FULLY COMPLETE AND SIGN THIS APPLICATION FORM AND EITHER DROP IT OFF AT OR POST IT TO THE ADDRESS BELOW.

Papillon Catering Ltd T/A Cafe Papillon 54 Station Road West Oxted Surrey RH8 9EU United Kingdom (UK)

Final checks before sending.

Have you re-read your answers and are happy everything given is correct? Have you signed and dated the application form?

Final checks before interview.

Have you checked you have the relevant documentation as evidence of your entitlement to work in the UK.