

Team Member Application Form



Position Applied For: _____

Tell us about yourself:

Surname: _____ Forename (s): _____ Title: _____

Address: _____

Daytime Contact No: _____ Evening/Mobile Contact No: _____

Where have you worked before?

From	To	Company name and address	Position held and key responsibilities	Rate of pay	Reason for leaving

Education

From	To	Name and address of School, College/University	Qualification	Subject	Year	Grade

What interests and hobbies do you have?

Do you have a current driving licence?

Yes ☐ No ☐ If Yes - Full Bike ☐ Full Car ☐ Provisional ☐ CBT ☐ LGV2 ☐

Do you have any driving endorsements or disqualifications? Yes ☐ No ☐

Convictions

Have you ever been convicted of a criminal offence, other than driving endorsements or disqualifications, and which is not a spent conviction within the terms of the rehabilitation of Offences Act 1974? Yes ☐ No ☐

If yes, please give details: _____

Please turn over

Do you have any other relevant experience?

Are you entitled to work in the UK or Ireland?

If you do not originate from the European Community, do you have the right to work in the UK? Yes ☐ No ☐

If you do not originate from the European Community, do you have the right to work in Ireland? Yes ☐ No ☐

All employees are obliged to provide original documentary evidence of their right to work in the UK or Ireland, prior to commencing employment.

Are there any restrictions on your right to work in the UK? Yes ☐ No ☐

Are there any restrictions on your right to work in Ireland? Yes ☐ No ☐

If yes, please describe these restrictions:

References

At least one reference should be your previous employer unless this is your first job.

Name:	Name:
Job Title:	Job Title:
Company Name:	Company Name:
Address:	Address:
Contact Tel No:	Contact Tel No:
Relationship to applicant:	Relationship to applicant:

Declaration (Please read this carefully before signing this application)

I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor).

Signature of Applicant

Date

Domino's Pizza processes the personal data in this Application Form in accordance with the Data Protection Act 1998. The personal data will be used for the purpose of recruitment for the position specified. Personal data will also be used for the purposes of implementing and monitoring Domino's equal opportunities policies. Should you be employed by Domino's then the personal data will be used for the purposes of employee administration (including payrolls, pensions, work management and other employee related matters). The personal data may be passed on to other members of Domino's Pizza and, if so, will be used by those members for purposes equivalent to those set out above. The personal data will not be disclosed to any other third party without your prior consent except where there is a legal requirement to do so. Should you be unsuccessful in your application, Domino's will retain your personal data for no longer than 3 months unless you state otherwise.

Equal Opportunities

Domino's Pizza recognises its obligation in respect of equal opportunities. The following questions are designed to assist us in meeting these obligations.

Do you consider yourself to have a disability? Yes ☐ No ☐

What is the nature of the disability?

Please describe your ethnic origin ☐ Caribbean ☐ African ☐ Oriental ☐ Asian
☐ UK European ☐ Other European ☐ Other (please specify)
