



APPLICATION FORM

PRIVATE AND CONFIDENTIAL

APPLICANTS MUST BE AGED 18 AND ABOVE

SOME GUIDELINES TO HELP YOU

REF. NO.:
CLOSING DATE:

As an employee of Xtra-vision you will have a very important role to play in ensuring the success of your store through actively selling to our customers. To help you to achieve this objective and in keeping with our core value of **DEVELOPMENT AND LEARNING** we will train you to do your job and give you the opportunity to use your skills and talents. This is your opportunity to tell us as much as possible about yourself. The information you provide will help us to make a fair decision to select the best people who want to give outstanding customer service. Please read the Role Description and this Application Form thoroughly, then complete it carefully, in your own handwriting.

ABOUT YOU

(please tick boxes as appropriate)

Please complete the following details clearly in **BLOCK CAPITALS**

Surname _____ Home Phone No. _____

First Name(s) _____ Mobile Phone No. _____

Present Address _____

_____ Nat. Ins. No. _____

_____ Post Code _____

Are you aged 18 or above? Yes No

Have you previously worked for Xtra-vision? Yes No

If 'Yes' which store(s) _____

Dates: From _____ To _____ Reason for Leaving _____

POSITION APPLIED FOR

Store Manager (approx. 39 hours per week)

Senior Customer Service Representative (approx. 39 hours per week)

Customer Service Representative Full-time (approx. 35 hours per week)

Customer Service Representative Part-time (hours by agreement- minimum 8 hours per week)

Games Trader Part-time (hours by agreement- minimum 8 hours per week)

Please state your preferred store location(s) _____

HOURS YOU ARE AVAILABLE TO WORK

Xtra-vision trading hours range from 10am to 12 midnight. Please indicate the hours you are available for work and we will try to facilitate you as best we can.

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
FROM	_____	_____	_____	_____	_____	_____	_____
TO	_____	_____	_____	_____	_____	_____	_____

Any comments regarding your flexibility _____

YOUR WORK EXPERIENCE CONTD.

TO BE COMPLETED BY ALL APPLICANTS. Start with your present or most recent employer and work backwards. Continue on a separate sheet if necessary.

Name/Address of Employers and Type of Business	From	To	Position held & your responsibilities	Reason for Leaving

Will you be remaining in the employment of your current employer? Yes No

Notice required to leave current employer? _____

Current rate of pay? _____

If you have not held a job, have been travelling, studying or are returning to work after a break, tell us what you have been doing.

YOUR HOBBIES & INTERESTS RELEVANT TO XTRA-VISION E.G. MOVIES, GAMES, ELECTRONICS ETC.

PLEASE TELL US HOW YOU FOUND OUT ABOUT THIS VACANCY

(Please tick as appropriate)

Training & Employment Agency	<input type="checkbox"/>	School/College/University	<input type="checkbox"/>	Job Club	<input type="checkbox"/>
Local Newspaper	<input type="checkbox"/>	In Store	<input type="checkbox"/>	Other	<input type="checkbox"/>
Via an Xtra-vision employee	<input type="checkbox"/>	Recruitment Poster	<input type="checkbox"/>	(please specify)	_____

Have you ever been convicted of a criminal offence which is not yet spent under the Rehabilitation of Offenders Act 1974? If 'yes', please give full details.

REFERENCES

Please give the names, addresses and telephone numbers of two people whom we may approach for reference. If previously employed, one of these references should be your current or most recent employer.

Name _____	Name _____
Organisation _____	Organisation _____
Occupation _____	Occupation _____
Address _____	Address _____
_____	_____
_____	_____
Post Code _____	Post Code _____
Phone No. _____	Phone No. _____

Please tick this box if present employer should not be contacted without first notifying you

DATA PROTECTION

By providing the information contained within this application form, you are consenting to its use for the processing of your application and monitoring the efficiency of our recruitment and selection procedures.

DECLARATION

I confirm that to the best of my knowledge the above information is true, accurate and complete. I understand that the Company will reserve the right to dismiss me should the information given by me prove to be inaccurate or misleading in any way.

Signature: _____

Date: _____

To ensure consideration for interview, please return your completed application form to: Human Resources Dept., Xtra-vision Support Office, 1st Floor, Rose House, 2a Derryvolgie Avenue, Belfast, BT9 6FL.

MONITORING QUESTIONNAIRE

PRIVATE AND CONFIDENTIAL

EQUALITY OF OPPORTUNITY

REF NO.

Xtra-vision is committed to equality of opportunity. Our aim is to ensure that all applicants are considered solely on their merits. We do not discriminate on the grounds of disability, gender, marital status, religious belief, political opinion, race or ethnic origin.

To demonstrate our commitment to equality of opportunity in employment we need to monitor all applicants.

Please indicate to which of the following groups you belong: (Please tick boxes as appropriate)

Marital Status

Married Single Other (please specify) _____

Gender

Male Female

Disability

Have you a disability you would like us to know about? Yes No If yes, please describe

If you have a disability what adjustments, if any, can we make to assist you in the job role?

Community and Ethnic Background

Please indicate your community and ethnic background by ticking the appropriate boxes below:

Community Background

I am a member of the Protestant Community
I am a member of the Roman Catholic Community
I am a member of neither the Protestant or Roman Catholic Community

Ethnic Background

White Black Caribbean Black African Black Other
Irish Traveler Pakistani Bangladeshi Chinese
Indian Mixed Ethnic Group Other (please specify) _____

