

# MISTRYS HEALTHY OPTIONS LTD

## MISTRYS PHARMACY

14 High Street  
Market Harborough  
Leicestershire LE16 7NJ

Tel: 01858 467027  
Fax: 01858 467008  
www.mistrys.co.uk

### JOB APPLICATION FORM

Please complete this form in block capitals and return it to the above address

Post applied for: \_\_\_\_\_

#### Personal Details

Title (Mr, Mrs, Miss etc.) _____	First Names: _____
Surname: _____	Home Phone No: _____
Address: _____ _____ _____ _____	Work Phone No: _____
Post Code: _____	

#### Education

Secondary Education Schools Attended	Subjects and Examination Results	Year Taken

Further Education Colleges Attended	Subjects and Examination Results	Year Taken

Other Professional Qualifications and Training including Institutional Membership

Languages spoken and fluency

Other Skills relevant to Job

**Employment**

Please list the five most recent employers: Start with the last employer, working backwards

Name and Address of Employer	Start Date	Leaving Date	Reason for Leaving	Position	Salary

Secondary Employment (Other Jobs)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**General Information**

Do you have a Driving Licence? Please list any current suspensions and endorsements
How did you hear of this Vacancy?
If offered the position, when could you start?

Outside Activities and Interests

Please tell us about your main Hobbies and Interests outside work:

What best practices did you adopt to in your previous job?

Give some examples of excellent Customer Service you have given. Examples can be taken from Work, Hobbies or School Life:

What do you think are the most important factors in delivering superb service?

Have you experienced any difficulties in providing service? Explain what they were and what action you took:

## Additional Information

Please give any other information relevant to the Position:

### REFERENCES (Two previous Employers)

Employers Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Tel No. \_\_\_\_\_

### PLEASE PRINT GIVING FULL ADDRESS

Employers Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Tel No. \_\_\_\_\_

DECLARATION: to the best of my knowledge and belief the above is truthful and correct and may be taken as forming part of any subsequent contract of employment.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

You will only be contacted if called for Interview.

### OFFICE USE ONLY

Position \_\_\_\_\_

Full Time                      Part Time  
(If part-time please attach supplement form)

Sunday Only

Commence \_\_\_\_\_

Store \_\_\_\_\_

Annual Salary \_\_\_\_\_

Comm Rate \_\_\_\_\_

Honoured Holidays \_\_\_\_\_

Replacement / New Position (Delete as applicable)

Payroll \_\_\_\_\_

Comments \_\_\_\_\_

Personnel Manager \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_