



Position applied for: _____ Salary expected: _____
Preferred salon: _____

interview questionnaire

Surname: Mr/Mrs/Miss/Ms _____
Forenames (in full): _____
Permanent address: _____
_____ Postcode: _____
Telephone number: _____ Mobile number: _____
Email: _____

Date of birth: _____ Current age: _____
Height: _____ Weight: _____

Please tick one of the following;
Owned property Rented property Living with Parents Other

Place of birth (town/country): _____
Nationality: _____

Next of kin
Name: _____
Address: _____
Telephone number: _____ Mobile number: _____

Do you have a bank account: Yes No
Bank details (if applicable)
Branch: _____
Account number: _____
Sort code: _____

National Insurance Number (if applicable): _____



What training have you completed in the last 2 years:

Please enter any other information which you feel is relevant to your application for employment:

How much notice do you have to give your present employer? _____

When is the earliest date you could join us? _____

References will be taken up from your previous employer, but not until you have received an offer from the company.

Declaration

I certify that the information given on this form is true in every respect and any false declaration could render me liable to summary dismissal. I understand that if I am offered a position by the company my engagement will be subject to satisfactory references and to my passing a medical examination, if required:

Signed: _____ Date: _____

Signed: _____ Date: _____



Please outline your recent work experience (put your most recent first)

Date	Company	Position
1.		
2.		
3.		
4.		

What is your general state of health? Good Average Poor

Have you seen a doctor, attended an outpatients clinic or had a course of treatment (tablets, injections or physiotherapy)?

Yes No

If yes, please give details:

Do you take regular medication? Yes No

If yes, please give details:

Are you prepared to undergo a company medical examination? Yes No

Do you suffer from or have you ever suffered with;

Fits, epilepsy or blackouts Yes No

Diabetes Yes No

Allergies (to any drug or to handling any substances) Yes No

Skin disease or dermatitis Yes No

Ear, eye, nose or throat infection Yes No

Depressive illness or nervous troubles Yes No

When was your eyesight last tested? _____

Do you have a criminal record? Yes No

If yes, please give details:
