## Information

|  |  |
| --- | --- |
| Name |  |
| Address |  |
|  |  |
| Home Phone |  |
| Mobile Phone |  |
| E-Mail Address |  |
| Date of Birth |  |

## Best method to contact you

|  |  |
| --- | --- |
| Home Phone? |  |
| Mobile Phone |  |
| Email? |  |

## Interests

## Special Skills, Qualifications, Interests or Experience

### Tell us about any special skills or qualifications you have acquired from employment, volunteer work, or through other activities:

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Do you have a Food Hygiene Certificate? | Y/N | Driving License? | Y/N |
| Do you have a current First Aid Certificate? | Y/N | Own vehicle? | Y/N |
| Do you have First Aid experience? | Y/N |  |  |

### Please **TICK** the shifts and days you would be **available**

Please **CROSS** the shifts you are definitely **unavailable**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \_\_\_ Monday | | \_\_\_ 0730 – 1030 | | \_\_\_ 1030 – 1300 | | \_\_\_ 1300 – 1530 | | \_\_\_ 1530 – 1830 |
| \_\_\_ Tuesday | | \_\_\_ 0730 – 1030 | | \_\_\_ 1030 – 1300 | | \_\_\_ 1300 – 1530 | | \_\_\_ 1530 – 1830 |
| \_\_\_ Wednesday | | \_\_\_ 0730 – 1030 | | \_\_\_ 1030 – 1300 | | \_\_\_ 1300 – 1530 | | \_\_\_ 1530 – 1830 |
| \_\_\_ Thursday | | \_\_\_ 0730 – 1030 | | \_\_\_ 1030 – 1300 | | \_\_\_ 1300 – 1530 | | \_\_\_ 1530 – 1830 |
| \_\_\_ Friday | | \_\_\_ 0730 – 1030 | | \_\_\_ 1030 – 1300 | | \_\_\_ 1300 – 1530 | | \_\_\_ 1530 – 1830 |
| \_\_\_ Saturday | | \_\_\_ 0730 – 1030 | | \_\_\_ 1030 – 1300 | | \_\_\_ 1300 – 1530 | | \_\_\_ 1530 – 1830 |
| \_\_\_ Sunday | | \_\_\_ 0830 – 1030 | | \_\_\_ 1030 – 1230 | |  | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  |  | |  | |  | |  | |
|  | | | | | | | | |
| Please tell us if you have any holidays booked for 2022 | | | | | | | | |
|  | | | | | | | | |
|  |  | |  | |  | |  | |

## Person to Notify In Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Relationship to you |  |
| Home Phone |  |
| Work Phone |  |
| Mobile Phone |  |

## Health

|  |  |
| --- | --- |
| Do you have any allergies we should be aware of? |  |
| Are you taking any medication that we should be aware of? |  |
| Are there any other health issues we should be aware of? |  |

## Membership

|  |
| --- |
| Are you a Member of the shop? (eg Have you purchased shares?) |

## Data Protection

The information provided by you on this form will be used only for the purposes of Crackington Village Shop Ltd and will not be transferred to any third party.

Your email and phone number will be given to the management committee, other supervisors and volunteers unless otherwise requested.

Please complete and return by 6th May 2022 to either the shop for the attention of Lesley Kingshott or via email jobs@crackingtonvillageshop.co.uk