

# WineFlair (Belfast) Ltd.

- (A) Please complete this form in **BLOCK CAPITALS** and ensure it is **fully completed and signed** before returning to WineFlair.
- (B) The Company reserves the right to terminate the employment of any Employee, if it is discovered that inaccurate information has been recorded and/or information has been deliberately omitted from this Application Form.
- (C) Please complete all sections of this application, failure to do so may result in your application not being processed and/or rejected.

## APPLICATION DETAILS

Application for position of: .....

Store position is located at: .....

Where you see vacancy advertised: ..... Closing Date: .....

## PERSONAL DETAILS

Surname: ..... (Mr/Miss/Mrs/Ms) First Name: .....

Home Address: ..... Address for Correspondence (if different):  
.....

Town: ..... Town: .....

Postcode: ..... Postcode: .....

National Insurance No: ..... **(MUST BE PROVIDED)**

Telephone: Home: ..... Mobile: .....

**(You must provide a home and mobile contact number)**

Email Address: .....

Do you have a current full Driving Licence? Yes / No

Do you have any convictions and/or penalties on or pending on your Driving Licence? Yes / No

If Yes, please give details of any driving convictions/penalties even if pending:  
.....  
.....

Do you have access to a car? Yes / No (All the Time / Sometimes)

## REFERENCES

Please give details of two referees below, one **must be your current or last employer** and the second a business/academic referees. No family members or friends.

### 1. Current/Most Recent Employer

Name: .....

Company: .....

Position Held.....

Tel: No: .....

### 2. Other Referee

Name: .....

Company: .....

Position Held.....

Tel: No: .....

**WORK PERMIT**

Do you require a work permit to work in the UK?

YES /NO

**EDUCATION HISTORY**

(Please detail any qualifications, examinations taken and /or any courses attended and list in chronological order i.e. GCSE's/A'Levels/BTEC's/HND/Degree)

Subject	Level	Result	Year

**CURRENT EMPLOYMENT**

Name & Address of Present Employer	From	To	Job Title and Main Responsibilities	Final Salary	Reason for leaving

**FULL PREVIOUS EMPLOYMENT** (Please record any gaps in employment and detail reasons)

Name & Address of Employer	From	To	Job Title and Main Responsibilities	Final Salary	Reason for leaving

(Continue on a separate sheet if necessary)

**SUPPORTING INFORMATION**

Please use this opportunity to tell us more about yourself, your interests, experiences, skills, abilities and qualifications and how these could benefit you in this role. (Please use additional sheet if required)

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**WINEFLAIR CHALLENGE 21 POLICY & LICENSING LEGISLATION**

Please note that WineFlair takes its legal responsibilities as a licensee very seriously and promoting responsible drinking. To ensure that we comply with all Licensing Legislation and Tobacco Display & Sales Regulations we have a Company Challenge 21 Policy which you will receive training on should you be successful. This Policy requires you to challenge any customers for proof of I.D. should you believe they do not look **21years old**. Any breach of the Company Challenge 21 Policy or Licensing Legislation has serious legal implications for you as an individual and for the Company, so you must consider if you will be able to fulfil this task.

Would you be able to challenge any customer for proof of age and I.D.? YES / NO

If NO, why? .....

**Do you understand the legal implications for YOU and the seriousness of adhering to all the Licensing Legislation and WineFlair’s Challenge 21 Policy? YES / NO**

Do you understand that if found to be in breach of the above Policies & Procedures, you may be dismissed from your employment and could face a fine and/or prosecution by Council and/or PSNI? YES / NO

**HOLIDAY RESTRICTIONS**

Due to the nature of our business there are certain periods of the year when Holiday Requests **will not be authorised**. These ‘Restricted Periods’ will vary depending on your Store but across the Company July and December are two very busy trading periods for our business and therefore Holiday Request will not be authorised.

Do you understand and accept that you will not be authorised any holiday requests during these ‘Restricted Periods’?

YES /NO - If No please explain/clarify: .....

Do you have any holidays planned/booked in the next 6 months?

YES /NO - If Yes please specify when: .....

**CRIMINAL CONVICTIONS (Declaration subject to the Rehabilitation of Offenders Legislation)**

Have you ever been convicted of a criminal offence or have a pending conviction? YES /NO

If YES give full details below:

.....

Have you ever been or are you currently under any investigation by the PSNI or a previous Employer?  
YES / NO

If YES give full details below:

.....

Are you or have you ever been on the Violence Sex Offenders Register? YES / NO

If YES give full details below:

.....

Have you ever worked for WineFlair before? YES /NO

If yes please give details of dates, position held and Store/s worked in:

.....

Have you any \*Family, Relatives, Friends, in a Relationship with someone who works for WineFlair or in a Relationship with someone who's family member works for WineFlair? YES /NO

If Yes, please give details below:

Name of person: .....

Which Store do they work at: .....

Nature of relationship: .....

Please note that WineFlair prohibit staff working together in the 'same Store' that have a connect/relationship\* mentioned above, however we do not discourage applicants from apply to work in other WineFlair Stores.

I authorise WineFlair (Belfast) Ltd. to obtain references as detailed in my application and hereby permit said referees to provide WineFlair (Belfast) Ltd. with information of my previous employment as required.

If relevant to position applied for, I hereby give WineFlair (Belfast) Ltd. permission to apply for disclosure of criminal convictions to support this application.

I declare that the information I have given to be complete and correct at the time of my application and understand any incorrect, misleading or deliberately omitted information may affect my application or if successful may affect my continued employment and Terms of my Contract

Signed: ..... Date: .....

**PLEASE RETURN OR E-MAIL COMPLETED APPLICATION FORMS TO:**

The Monitoring Office  
WineFlair (Belfast) Ltd  
8 Westbank Road  
BELFAST, BT3 9JL.

Telephone No: 028 90773990

E-mail: [info@wineflair.com](mailto:info@wineflair.com)

If you have not heard from us within 2weeks of the Closing Date, you may not have been successful in your application

## WINEFLAIR MONITORING FORM & PRIVACY NOTICE

### HOW WE USE APPLICANTS INFORMATION

We collect, hold and process personal data relating to those persons who apply to engage in employment with WineFlair (Belfast) Ltd., we do this for the recruitment and selection of our workforce. WineFlair may use a third-party external 'recruitment platform' to collect, hold, process and dispose of this Personal Data.

The personal data includes but not limited to identifiers such as Name, Address, Date of Birth, National Insurance Number, Employment History, Qualifications. Personal characteristics such as Gender, Age, Marital Status and Ethnic Group, Personal Health and Medical information.

Some of the above Personal Data will be held and used to comply with our Legal and Statutory obligations including Section 31 of the Fair Employment and Treatment (NI) Order 1998.

### EQUAL OPPORTUNITIES POLICY

It is our policy to provide equality of opportunity to all individuals, irrespective of gender, marital or family status, religious belief, political opinion, disability, race, ethnic origin, nationality, sexual orientation or age.

We are opposed to all forms of unlawful and unfair discrimination. All full-time and part-time Employees and Job Applicants will be treated fairly for selection of employment, promotion, training or any other benefit. All will be based on aptitude, ability and performance.

(D) Please complete this section of your application **fully** before returning with your Application Form in the separate envelope.

(E) The Company reserves the right to terminate the employment of any Employee, if it is discovered that inaccurate information has been recorded and/or information has been deliberately omitted.

(F) Please complete all sections of the Form to ensure us to process your application.

### PLEASE TICK THE APPROPRIATE BOXES

1. **Sex:** Male  Female

2. **Date of Birth** .....

**(Please note to comply with Licensing Legislation you must be 18years of age at the time of your Application)**

3. **Marital Status:** Single  Married  Divorced  Widowed  Other

4. **Do you consider yourself to be disabled:** Yes  No

5. **Please indicate which religious group you belong to:**

Protestant  Roman Catholic  Other

6. **Ethnic Group:**

White  Polish  Indian

Black African  Pakistani  Chinese

Black- Caribbean  Black - other  Irish Traveller

Other  (Please specify) .....

7. **Position Applied For:**

40hrs  30-39hrs  20-29hrs  10-19hrs  Casual (not specified hours)

## PRE – EMPLOYMENT MEDICAL QUESTIONNAIRE

- (G) Please complete this Form fully in **BLOCK CAPITALS**, sign and return with your Application Form in the separate envelope.
- (H) Information you give shall be treated as confidential and must be completed accurately and honestly.
- (I) The Company reserves the right to terminate employment if it is discovered that inaccurate information has been recorded and/or information has been deliberately omitted from this Form.

### 1. Personal Details:

Position Applied For: \_\_\_\_\_

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime Tel.No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

G.P./Doctors Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

### 2. Occupational History

2.1 Has your employment ever been terminated on the grounds of ill health? YES / NO

2.2 Have you ever been disciplined or had your employment terminated for poor attendance? YES /NO

2.3 Approximately how many days sickness absence have you had in the last 12 months? \_\_\_\_\_

### 3. Medical History

3.1 How many units of alcohol do you consume weekly? \_\_\_\_\_

3.2 Do you smoke? YES / NO

3.3 Are you currently taking any form of prescribed medication? YES /NO

3.4 Are you currently or have you been under the care of a Doctor or other medical professional in the last 2 years? YES/NO

If Yes, please provide further details:

\_\_\_\_\_  
\_\_\_\_\_

3.5 Are you Registered Disabled YES / NO

If Yes, please detail nature of disability: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3.6 Are you currently or have you ever suffered, from any of the illnesses listed below?

Heart Trouble Yes /No	Lung Disease Yes /No	Stomach/Bowel Trouble Yes /No	Joint Problems Yes /No	Allergies Yes /No	Diabetes Yes /No
Migraines Yes /No	Stress Yes /No	Blood Pressure Issues (High or Low) Yes /No	Asthma Yes /No	Hernia Yes /No	Kidney Disorder Yes /No
Epilepsy Yes /No	Depression Yes /No	Back /Neck Problems Yes /No	Hearing Problems Yes /No	Sight Problems Yes /No	Dyslexia Yes/No

If you have answered yes to any of the above questions in section 2 or 3, please provide further details:

3.7 Are you currently suffering from or have suffered in the past from any mental or physical impairment which has, is or is likely to impact upon:

- a) your ability to carry out day to day duties at work? YES / NO
- b) your ability to work? YES / NO

4. **Medical Detail Information**

If you have previously or are currently suffering from any illness or injury which has not been mentioned above, please give further detailed information below:

**I hereby declare that the information I have given is full and correct, I understand that if at a later date it is discovered that I have withheld any medical information or have been misleading in my answers to the questions, any offer of employment may be withdrawn, or disciplinary action taken against me which may result in my dismissal.**

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