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| ki logo | **JOB APPLICATION FORM**  Please complete in black ballpoint pen if returning by post.  Ki Martial Arts Limited is committed to equality & diversity of opportunity in employment. We positively welcome your application irrespective of your gender, disability, race, colour, ethnic or national origin, nationality, sexuality, marital status, age, religious or political beliefs. | **Ref No:** BD190224 |

**1. VACANCY DETAILS**

Job Title: **Business Development and Customer Accounts Handler**

Closing Date for Applications: **Sunday, 10th March 2024 before midnight**

Section: **Sales/Administration** Interviews: **18th March 2024 – 25th March 2024**

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**2. PERSONAL DETAILS**

Surname: First Names:

Title: Date of Birth / /

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

National Insurance Number:

Home Address:

Post Code:

Home Telephone No: Mobile Telephone No:

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Email Address:

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

**3. ARRANGEMENTS FOR INTERVIEW**

*Ki Martial Arts Ltd is based in a three storey Victorian warehouse. The internal lift is goods only. Access between floors is by steep wooden stairs. Interviews usually take place in the Operation Manager’s office, which is situated on the second floor. Please consider this when completing this section.*

If you have a disability please tell us about any adjustment we may need to make to assist you at interview and/or work-based exercise?

Yes No

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**4. PRESENT OR MOST RECENT EMPLOYMENT**

Job Title: Salary:

Date started: Notice Required:

Date left (it applicable):

Reason(s) for Leaving (if applicable):

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Employer's name: Telephone number:

Address:

Postcode:

Main Duties and Responsibilities:

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**5. PREVIOUS EMPLOYMENT**

Have you previously worked at Ki Martial Arts Limited? Yes 🞎 No 🞎

Please include below details of all previous employment within the last **five** years. If there are any gaps in employment please detail these also.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Full Address of Employer | Job Title and Main Responsibilities | Dates  From To | | Reasons(s) for Leaving |
|  |  |  |  |  |

**6. RELEVANT QUALIFICATIONS, TRAINING AND DEVELOPMENT**

Please list below any experience or competence you have which you feel may be relevant to the job role.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sales, Telesales and Customer Service Duties** | **Administration Duties** | **IT Skills and Packages** | **Numeracy and Literacy** |
| (e.g. Customer Service Level 2) | (e.g NVQ Level 2 Administration) | (e.g. M/S Word, CAD, Corel) | (e.g. Functional Skills Level 2 English, Maths GCSE Grade 4) |

**7. ADDITIONAL INFORMATION**

|  |  |
| --- | --- |
| a. How many days have you been absent in the last three years? (Most recent first) | Yr 1:  Yr 2:  Yr 3: |
| b. Do you hold a full current driving licence? | Yes No |
| c. Do you have the use of a car? | Yes No |
| d. Under the Working Time Regulations 1998 the Company must monitor the hours worked by its employees. | Please confirm whether this will be your only employment.  Yes No |
| e. Are you eligible to work in the UK? | Yes No |
| f. Are you related to any Company employee or to the partner of such a person?  Name:  Section: *(If applicable)* | Yes No  Position:  Relationship: |

**8. REFERENCES**

Please give two referees. One should be your present employer, or if you are currently unemployed, your last employer, or if you are leaving full-time education, your Headteacher or College Principal. The second should be a person who can comment on your skills and abilities in relation to the job for which you have applied. No approach will be made to your present employer before an offer of employment is made to you.

|  |  |
| --- | --- |
| Name: | Name: |
| Job Title: | Job Title: |
| Address: | Address: |
| Postcode: | Postcode: |
| Telephone No:  Email: | Telephone No:  Email: |
| Relationship: | Relationship: |

**9. DATA PROTECTION**

All information contained in this form will be treated strictly in accordance with the Company’s Data Protection Policy.

**10. DECLARATION**

I declare that to the best of my knowledge, the information given in this application is complete and that it may be used for purposes registered by the Company under the Data Protection Act 1998. I understand that if, after appointment, any information is found to be inaccurate this may lead to dismissal without notice.

Signature Date

**Please return this form to:** Annette Taylor, Ki Martial Arts Ltd., 119-120 King Street, Plymouth,

PL1 5JD or email to [annette@kico.co.uk](mailto:annette@kico.co.uk) by the due date to proceed with your application for the post.