

EMPLOYMENT APPLICATION FORM

The following information will be treated in the strictest confidence.

(Please complete fully in Block Capitals)

Position applied for: _____ Where did you hear about us? _____

Employment Status: Full Time Part Time Temporary

Please outline the hours/shifts you are available to work: _____

PERSONAL DETAILS

First name: _____ Surname: _____

Address: _____

_____ Post code: _____

Telephone: _____ Mobile: _____

Business: _____ Email: _____

Preferred method of contact: _____

How do you intend to travel to work: _____

EMPLOYMENT DETAILS

Are you currently employed Yes No

Name of current or last employer: _____

Address: _____

Nature of business: _____ Telephone number: _____

Job title and a brief description of the duties: _____

Length of service From: _____ To: _____

How much notice are you required to give to your current employer? _____

Please give details of your past employment, excluding your present or last employer, starting with the most recent.

Name & Address of Employer	Dates	Position Held/ Main Duties	Reasons for Leaving

EDUCATION

Secondary School	From	To	Examinations & Results
College/University	From	To	Examinations & Results

Further Formal Training	From	To	Certificate/Qualification
Job Related Training Courses Name of Organisation	Date	Subject	

Please give details of membership of any technical or professional associations:

Please list any foreign languages spoken and the level of competence:

Interests, achievements, leisure activities (e.g. hobbies, sports, club memberships):

Supplementary information (Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths, etc.)

ADDITIONAL INFORMATION

Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)? If 'yes', please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Under the Disability Discrimination (N.I.) Act 1995 a disabled person is defined as a person with: "A physical or mental impairment which has a substantial or long term adverse effect on their ability to carry out a normal days activities". Having read the definition do you consider yourself to have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If called for interview, are there any adjustments we should make to enable you to attend? If 'yes', please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever worked for this business before? If 'yes', please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you need a work permit to take up employment in the UK? If 'yes', please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you please provide us with Next of Kin Details (in the case of an emergency). Name:..... Telephone number:..... Relationship to you: Address:.....	

DECLARATION AND SIGNATURE

I certify that the information I have provided above is true, complete and accurate to the best of my knowledge and I understand that any false or misleading statements or the withholding of any relevant information may render this application null and void, may provide grounds for the withdrawal of any offer of appointment or if appointed, dismissal from City Hotel.

I give my consent for City Hotel to contact my nominated referees as well as my present and previous employers and in the event of an appointment being offered, to carry out a criminal record check, if deemed necessary.

Signed: Date:

Name in Capital Letters:

REFERENCES

Please give the names of two people (One of whom should be your present or most recent employer) whom we may approach for a reference. Can we approach your current employer before an offer of employment is made?
Yes No If you were known by another name, please specify:

Name: Name:

Address: Address:

Tel. No.: Tel. No.:

Organisation: Organisation:

Job Title: Job Title: