

**Rose and Crown at Redmarley**  
**APPLICATION FORM**

POSITION APPLIED FOR:  
SALARY EXPECTATION:  
DATE AVAILABLE TO START:  
DO YOU REQUIRE: FULL TIME / PART TIME / CASUAL (DELETE AS NECESSARY)

SURNAME:	FIRST NAME (S):
MAIDEN / PREVIOUS SURNAMES:	
ADDRESS:	
	POST CODE:
TELEPHONE NUMBER:	MOBILE:
MARRIED / SINGLE:	DEPENDANTS:
PLACE/TOWN OF BIRTH:	DATE OF BIRTH:
NATIONALITY:	N.I. NUMBER:

PLEASE NOTE ALL EMPLOYEES MUST PRODUCE EVIDENCE OF THEIR RIGHT TO WORK IN THE U.K. BEFORE BEING GIVEN EMPLOYMENT

DO YOU REQUIRE A WORK PERMIT FOR THE UK? IF SO, EXPIRY DATE OF PERMIT	YES/NO
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DO YOU HAVE A CURRENT FULL DRIVING LICENCE? DO YOU HAVE ANY ENDORSEMENTS?	YES/NO YES/NO
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HOW MUCH NOTICE ARE YOU REQUIRED TO GIVE YOUR CURRENT EMPLOYER:

WHAT ARE YOUR HOLIDAY COMMITMENTS IN THE NEXT SIX MONTHS IF ANY:

HAVE YOU WORKED FOR THIS COMPANY BEFORE: IF SO WHEN:	YES/NO
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EQUAL OPPORTUNITIES

DO YOU HAVE A CRIMINAL CONVICTION NOT LEGALLY SPENT IF YES, GIVE DETAILS	YES/NO
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EQUAL OPPORTUNITIES (cont.)

DO YOU SPEAK ANY LANGUAGE OTHER THAN ENGLISH:  
IF YES PLEASE GIVE DETAILS AND DEGREE OF FLUENCY

YES/NO

ETHNIC ORIGIN: PLEASE CIRCLE (FOR GOVERNMENT STATISTICS ONLY)  
WHITE / ASIAN / CHINESE / BLACK-AFRICAN / BLACK CARIBBEAN / OTHER

ARE YOU A MEMBER OF ANY PROFESSIONAL BODIES:  
IF YES PLEASE STATE WHICH ONES:

YES/NO

**EMPLOYMENT HISTORY**

PLEASE START WITH YOUR PRESENT EMPLOYER AND WORK BACKWARDS:

EMPLOYERS NAME AND ADDRESS:

POSITION HELD:

FROM:

TO:

RATE OF PAY:

REASON FOR LEAVING:

EMPLOYERS NAME AND ADDRESS:

POSITION HELD:

FROM:

TO:

RATE OF PAY:

REASON FOR LEAVING:

EMPLOYERS NAME AND ADDRESS:

POSITION HELD:

FROM:

TO:

RATE OF PAY:

REASON FOR LEAVING:

EMPLOYERS NAME AND ADDRESS:

POSITION HELD:

FROM:

TO:

RATE OF PAY:

REASON FOR LEAVING:

GIVE DETAILS OF THE NAME AND ADDRESS OF YOUR PRESENT EMPLOYER AND TWO ADDITIONAL PREVIOUS EMPLOYERS WHO WE MAY CONTACT AS REFEREES. IF YOU DO NOT HAVE EITHER PLEASE GIVE TWO PEOPLE NOT FAMILY OR FRIENDS WHO HAVE KNOWN YOU FOR AT LEAST TWO YEARS AND WHO WOULD ACT AS A CHARACTER REFEREE.

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

COMPANY NAME AND ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

COMPANY NAME AND ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

## YOUR HEALTH

PLEASE COMMENT ON YOUR GENERAL STATE OF HEALTH:

PLEASE GIVE DETAILS OF ANY PREVIOUS OR SERIOUS ILLNESS WHICH THE COMPANY SHOULD BE MADE AWARE OF:

DO YOU HAVE A PERMANENT DISABILITY?  
IF YES PLEASE SPECIFY

YES/NO

IS THERE ANY ADJUSTMENT THAT MAY BE MADE BY US TO HELP?  
IF YES PLEASE GIVE DETAILS

YES/NO

WE MAY REQUIRE A SATISFACTORY MEDICAL REPORT PRIOR TO A JOB OFFER

WHO SHOULD WE NOTIFY IN CASE OF ACCIDENT AT WORK:

NAME:

TELEPHONE NO:

ADDRESS:

MOBILE NO:

### DECLARATION

I CONFIRM THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY MIS-STATEMENT OR SUPPRESSION OF INFORMATION MAY MEAN CANCELLATION OF ANY APPOINTMENT MADE.

I AUTHORISE THE COMPANY TO OBTAIN REFERENCES TO SUPPORT THIS APPLICATION ONCE A FORMAL OFFER HAS BEEN MADE AND RELEASE THE COMPANY AND REFEREES FROM ANY LIABILITY CAUSED BY GIVING AND RECEIVING INFORMATION. I ALSO CONFIRM THE INFORMATION GIVEN ON THIS FORM IS TRUE AND COMPLETE. ANY FALSE INFORMATION MAY RENDER ME LIABLE TO DISMISSAL.

SIGNATURE OF APPLICANT:

DATE:

## SECONDARY AND FURTHER EDUCATION

SECONDARY SCHOOL ATTENDED:

FROM: TO:

SUBJECTS TAKEN AND PASSED:

COLLEGE / UNIVERSITY ATTENDED:

FROM: TO:

DIPLOMA/NVQ/DEGREE TAKEN:

IF OFFERED THIS POSITION WILL YOU CONTINUE TO WORK IN ANY OTHER CAPACITY? PLEASE GIVE DETAILS:

## YOUR PERSONAL ATTRIBUTES

PLEASE GIVE REASONS WHY YOU CONSIDER YOURSELF SUITABLE FOR THE POSITION FOR WHICH YOU HAVE APPLIED AND HIGHLIGHT ANY PERSONAL ACHIEVEMENTS WHICH YOU FEEL MAY BE RELEVANT: