

APPLICATION FORM

North Euston Hotel, The Esplanade, Fleetwood, FY7 6BN.
Tel: 01253 876525, email: neh@nehmail.co.uk

PLEASE NOTE THAT IN ORDER FOR YOUR APPLICATION TO BE RECOGNISED AND PROCESSED WE MUST HAVE...

A. A Position Vacant

B. Some ID from either a PASSPORT, DRIVING LICENCE or other form of photo ID

We will take a photocopy of the document when you hand in your application.

POSITION APPLIED FOR

How did you hear of this vacancy?

Date Available

Salary Expected

Do you need a work permit to work in the UK

Are there any restrictions on your continued residence or employment in the UK?

YOUR PERSONAL DETAILS

Are you over 18?

Name in full

NEXT OF KIN

Address

Name in full

Relationship to you

Home Phone Number

Address

Mobile Phone Number

National Insurance Number

Contact Tel No

Email address

Have you been convicted of any criminal offences, which are not yet spent under The Rehabilitation of Offenders Act 1974? If YES, please give details

PLEASE USE THIS SPACE TO GIVE ANY INFORMATION IN SUPPORT OF THE APPLICATION. If there are any qualifications you have gained, or courses you have attended that you think we should know about, please give details (eg basic food hygiene, first aid, customer services)

What skills can you bring to the North Euston Hotel?

EDUCATION DETAILS

Name of School / College

Dates From

To

Examinations Passed and Grades

Name of School / College

Dates From

To

Examinations Passed and Grades

PRESENT & PREVIOUS EMPLOYMENT

Most recent Employers Name

Dates From

To

Manager / Supervisors Name

Address

Nature of Business

Short description of post held & key responsibilities

Salary & reason for leaving

2nd most recent Employers Name

Dates From

To

Manager / Supervisors Name

Address

Nature of Business

Short description of post held & key responsibilities

Salary & reason for leaving

REFERENCES

Please list individuals whom we can contact for references below (usually your last two employeres.

REFERENCE 1 - Type of reference - School/College/Employer/Character

Name

Position

Address

Capacity in which employed

REFERENCE 2 - Type of reference - School/College/Employer/Character

Name

Position

Address

Capacity in which employed

I UNDERSTAND THAT THE COMPLETION OF THIS FORM DOES NOT GUARANTEE EMPLOYMENT. I CERTIFY THAT ALL THE INFORMATION GIVEN ON THIS FORM IS TRUE AND ACCEPT THAT ANY MIS-STATEMENT OR SUPPRESSION OF MATERIAL MAY MEAN CANCELLATION OF ANY APPOINTMENT, WHICH IS ALSO SUBJECT TO THE RECEIPT OF SATISFACTORY REFERENCES. I CONSENT TO THIS INFORMATION BEING HELD ON FILE UNDER THE TERMS OF THE DATA PROTECTION ACT 1998.

Applicants Signature

Date

EQUAL OPPORTUNITIES MONITORING FORM

STRICTLY PRIVATE AND CONFIDENTIAL

This information is for monitoring purposes only and in no way contributes to the selection process.

Date of Birth

Age

Marital Status

Male / Female

In order to comply with our Equal Opportunities Policy, please indicate your ethnic background.

Indian, Pakistani, Bangladeshi, Any other Asian background

Black-Caribbean, Black-African, Any other Black background

Chinese

White

Mixed Race

Other, please write

Is there a medical reason why it may be difficult for you to perform your job responsibilities?

If YES, what accommodations can we make in order for you to perform these job responsibilities?

HEALTH QUESTIONNAIRE

If you answer YES to any of the following, please give details

1. Have you ever had a major operation?

2. Have you ever been seriously injured?

3. Have you received inpatient treatment for a physical or mental condition lasting more than 3 days?

4. Do you have or have you suffered from angina or heart disease?

5. Do you have or have you ever suffered from a back problem, which has caused you to have time off work?

6. Please give details of any ill health you have suffered in the last 3 years?

7. Do you have or have you ever suffered from any other major illnesses/medical problems?

8. Are you in the care of a doctor or receiving treatment or medication at present?

9. Are you registered disabled?

10. Do you have or have you ever had a disability that has or is likely to have a long term effect?

NIGHT WORKERS

I am aware of the need for adequate rest periods during the day when working at night and I will ensure that I get sufficient rest. I will not undertake alternative paid employment during the daytime which may have a detrimental effect on my ability to carry out my duties safely and efficiently.

TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION GIVEN ABOVE IS CORRECT AND I HEREBY DECLARE THAT THE LIST OF ILLNESSES, PERSONAL INJURIES AND MEDICAL TREATMENT AND / OR DISABILITIES ABOVE IS A TRUE REPRESENTATION OF MY MEDICAL HISTORY. I UNDERSTAND THAT IF I AM APPOINTED AND IF THE INFORMATION I HAVE PROVIDED IS INCORRECT THEN I WILL BE LIABLE TO DISMISSAL.

Applicants Signature

Date

DID YOU KNOW?

WHO ARE WE LOOKING FOR?

Anyone with a positive outlook. People who are friendly, cheerful and have a genuine interest in delivering excellent customer service. We do not discriminate on the grounds of disability, age, race, sex, sexual orientation, dependants or religion.

WHAT HAPPENS NEXT?

Please take your time to carefully complete this form and send it back to us. Once we have had time to review your application, we hope to invite you to attend an interview. If you have a disability or any special need that means you would like help filling in this application form, or at any stage of the selection process please do not hesitate to contact us. If you are successful, on your first day you will be welcomed by your new Manager, you will have a tour of your new work place and will be introduced to lots of new people. Then it is up to you, you only get out what you put in! If you work hard you really can have a fulfilling career with us. We look forward to receiving your application form.