

Best Western Royal Beach Hotel

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 Email: personnel@royalbeachhotel.co.uk Website: www.royalbeachhotel.co.uk

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

LAST NAME (Mr. Mrs. Miss. Ms.) FIRST NAME

ADDRESS (current)

..... POST CODE

TELEPHONE NO. (home) MOBILE NO.

EMAIL ADDRESS

BIRTH DATE

D	D	M	M	Y	Y	Y	Y

 BIRTH PLACE

NATIONALITY

ETHNIC ORIGIN White Black African Black Caribbean Black Other Asian Oriental

Please tick appropriate box Other Please specify

NATIONAL INSURANCE NUMBER

← Letters →				← Numbers →					← Letter →

Are you required by law to have a work permit? YES Number, capacity and expiry date

NO On what basis are you permitted to live and work in the UK? - state below

EDUCATION & QUALIFICATIONS

Secondary and further education [please continue on another sheet if necessary]

Name, type and location of establishment	From	To	Certificates gained [subject and grades]

Other Qualifications [e.g. languages etc. please give full details and continue on another sheet if necessary]

JOB INFORMATION

Position applied for Full time Part time

Salary range When would you be able to start work?

Do you have holidays booked? [if YES please give details]

EMPLOYMENT HISTORY

Starting with your most recent job, please give your employment record over the last 3 years. [Management applicants should cover their total working experience]. If you have been unemployed at any time, please give the address of the Employment Service Agency that you attended. [Your present employer will not be asked for a reference until you have given your permission]

FROM	TO
NAME & ADDRESS OF EMPLOYER	
REFERENCE CONTACT [Name & Telephone No.]	
YOUR POSTION & DUTIES	
YOUR FINAL SALARY	REASON FOR LEAVING

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NAME & ADDRESS OF EMPLOYER	
REFERENCE CONTACT [Name & Telephone No.]	
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REFERENCE CONTACT [Name & Telephone No.]	
YOUR POSTION & DUTIES	
YOUR FINAL SALARY	REASON FOR LEAVING

Please continue on another sheet if necessary

GENERAL INFORMATION

How did you learn of this vacancy?

Have you been convicted of a criminal offence (excluding motoring)? YES NO

If YES, please give brief details

MEDICAL INFORMATION

Are you receiving treatment for any medical conditions? YES NO

If YES, what is the condition?

And what is the treatment?

Have you suffered an illness which has or may have a lasting effect on your health? YES NO

Have you been ill for more than 20 continuous days during the last 12 months? YES NO

If YES, how long were you ill?

And what was the illness?

Have you ever had a nervous breakdown? YES NO

Have you ever suffered or are you suffering from any of the following?
Typhoid Epilepsy Ear Infection Skin Disease Recurring Diarrhoea
 Tick all that apply Diabetes Allergy [please specify]

Are you deaf to any degree? YES NO

Are you blind to any degree? YES NO

How would you describe your present state of health?

EMERGENCY CONTACT INFORMATION

NAME RELATIONSHIP

ADDRESS

TELEPHONE [home] [work] [mobile]

OTHER INFORMATION

Please include your hobbies, personal interests and any other information you feel will be useful to your application – use an additional page if necessary

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I declare that to the best of my knowledge, the information I have given on this form is complete and correct.

I understand that an offer of employment is subject to my application details proving correct, my references proving satisfactory to the Company and my health declaration proving acceptable. I am willing to undergo a medical examination by the Company doctor nominated by the Company for that purpose.

Furthermore, I understand the Company's duty under the Asylum and Immigration Act 1996 to ensure that all employees have leave to enter, remain and take up employment in the UK and accept that an offer of employment is also subject to my providing the necessary evidence in this connection.

SIGNED **DATE**

OFFICE USE ONLY *[please obtain and complete prior to start of employment]*

INTERVIEWER **DATE**

EMPLOYED YES NO **POSITION OFFERED**

START DATE **HOURLY / WEEKLY / ANNUAL PAY - £**
[delete as applicable]

HAVE YOU GOT?

Copy of Passport

Copy of National Insurance No.

Copy of Bank Statement / Card

UNIFORM

Trousers [waist size] **Skirt** [size]

Shirt [collar size] **Blouse** [size]

Waistcoat [chest size] **Waistcoat** [size]