

Application for Employment

Employment preferred (tick each box as required): Full-time Part-time

Position applied for:

Date available for employment:

Personal Information

Surname: Mr/Mrs/Ms:

First Name(s):

Permanent Address:

Postcode:

Telephone No: D.O.B.:

Mobile No: Nationality:

Marital Status (Optional) Married Single

National Insurance No:

Do you own a car?..... Yes No

Do you have use of a car?..... Yes No

Do you have a current Driving Licence?..... Yes No

Have you ever been employed by this company before?..... Yes No

Would you consider yourself to have a disability under the Disability Discrimination Act

1995?..... Yes No

Are there any special requirements with respects to your disability that we can assist with?
(please state)

Education & Professional Qualifications

From (Month/Year)	To (Month/Year)	Name & Country of School, College, University	Qualifications	Grade	Full-time or Part-time

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From (Month/Year)	To (Month/Year)	Name & Country of School, College, University	Qualifications	Grade	Full-time or Part-time

Do you have any other relevant qualifications/experience which you feel is relevant to your application (include first aid certificates, food hygiene courses, health & safety, IT skills and language skills)?

Skill	Qualification	Level	Year Achieved

Employment (Please list your previous FOUR employers)

Please state your present employer first, outlining any gaps in your employment history

From (MM/YY)	To (MM/YY)	Employer Name and Address	Job Title	Salary

Reason for Leaving:

Tel No:

From (MM/YY)	To (MM/YY)	Employer Name and Address	Job Title	Salary

Reason for Leaving:

Tel No:

From (MM/YY)	To (MM/YY)	Employer Name and Address	Job Title	Salary

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Health

Are you in good health?.....Yes No

If no, please provide further information:

How many days off due to sickness have you had within the last 12 months?

Are you taking medication?.....Yes No If yes, please explain:

Do you have a persistent medical condition?.....Yes No If yes, please explain:

Career Goals

Explain briefly:

Why do you want to join The Valley Hotel?

Supplementary Information

Where did you hear of this vacancy?

Have you ever been convicted of a criminal offence which is not a spent conviction under the Rehabilitation of Offenders Legislation?Yes No

Please provide further information (Please note that the Hotel will follow-up information given)

If offered this position, will this be your only form of employment?.....Yes No

Please state:

Please provide dates of any holidays arranged prior to an offer of employment:.....

Any other information you feel relevant to your application

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.....
.....

References

Please provide the names and addresses of TWO referees which are not related to you, who we can approach for a confidential assessment of your suitability for this position (ONE of these must be your previous employer).

Name: Job Title:
Company Address:
..... Telephone Number:

Name: Job Title:
Company Address:
..... Telephone Number:

Can we approach your present/most recent employer prior to making an offer of employment? Yes No

It is the policy of The Valley Hotel to recruit, employ and promote qualified persons in all jobs and functions ensuring equal opportunity without regard to race, colour, religion, sex, age, national origin, ancestry, disability, or military status.

Applicant Declaration

In signing this declaration and in consideration of application with The Valley Hotel, I hereby affirm that the information provided in this application is correct, and that any misrepresentation of facts, or material omissions thereof, can be cause for dismissal.

I agree that The Valley Hotel can process, distribute and hold information appertaining to my application subject to the terms of the Data Protection Act 1998.

Signature: Date:

Office Use Only	
Interviewed by:	Date
Comments/areas to examine:	Please attach passport sized photograph
Decision (tick as applicable) Regret <input type="checkbox"/> Further Interview <input type="checkbox"/> Accept <input type="checkbox"/>	
Interviewers reason for decision:	
Rejection letter sent: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date offer letter sent: Response?..... Acceptance <input type="checkbox"/> Refusal <input type="checkbox"/> No Reply <input type="checkbox"/>	
Medical report forwarded: ... Response?..... Suitable <input type="checkbox"/> Unsuitable <input type="checkbox"/>	
Request for References	
Date sent:	
Employer Response: Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> No Response <input type="checkbox"/>	
Other Conditions	
Further proof of National Insurance Number: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Awaiting Work Permit: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Starting Date: Job Title: Salary:	