



For Office Use Only

Start Date
Salary
Full/Part Time

Application for Employment

CONFIDENTIAL

Please complete each section using black ink and return this form to:
Personnel Department, The Cromwell Arms, Mainstone, Romsey

The information you give will be treated as strictly Confidential and all or part may be contained in a computerized system in which case the requirements of the Data Protection Act will be complied with fully.

GENERAL INFORMATION

Position Applied For:		How did you hear about the vacancy?	
Date Available:		Date of Birth Place of Birth	
Full Time/Part Time		Nationality	

PERSONAL DETAILS

Mr/Mrs/Miss/Ms: FIRST NAME:	SURNAME:		
Address:	Previous Name (if applicable)		
	Telephone	Home:	Mobile:
	National Insurance No:		

Professional Organisation Membership/s:

Current Driving Licence: Yes / No	Car Owner: Yes / No
Have you ever been convicted of a criminal offence, which is not spent as defined in the Rehabilitation of Offenders Act 1974?	Yes / No

OTHER INFORMATION

Industry Specific Qualifications:
Languages spoken and fluency:
Machine Operation Qualification:

EDUCATION / QUALIFICATIONS

School/ College	From	To	Examination /Qualification	Grade	Year

EMPLOYMENT HISTORY

Start with the most recent employment.
Show periods of unemployment.

EMPLOYER	FROM	TO	Job Title/ Duties	SALARY	Reason for Leaving

TRAINING COURSES

BIIAB on Licence: Yes / No

SUBJECT / COURSE	QUALIFICATION	DATE

NON- BRITISH & NON-NATIONALS

Date of Entry into the UK:		How long are you intending to stay in the UK?	
Do you have a work permit?	Yes	No	If yes, state type and number:

EMERGENCY INFORMATION

In case of emergency whom should we contact?		
Relationship:	Address:	
Tel No Home:	Work:	Mobile:

REFERENCES

Do Not Contact

Please indicate if you do **NOT** wish us to contact your current employer:

Name & Title	Address	Contact Details	School/College/Employer

ETHNIC ORIGIN

White European	White Other	Black Caribbean	Black African
Black Other	Indian	Pakistani	Bangladeshi
Chinese	Other	Not Known	

DECLARATION

I certify that all the information given here is true and I accept that any miss-statement or suppression of material may mean the cancellation of any appointment. Any application is subject to the receipt of satisfactory references.

DATE:..... **SIGNATURE OF APPLICANT:**.....

HEALTH DETAILS

Name and Address of G.P:

Have you within the last 3 years had any illness or accident which caused You to be off work for more than 2 weeks?	YES	NO
If yes what was the illness or accident		
Have you within the last 3 years attended an out-patient clinic or had a course of treatment (tablets, injections or physiotherapy lasting 1 month or more)?	YES	NO
Are you receiving such treatment now?	YES	NO
Do you smoke?	YES	NO
Have you a permanent disability?	YES	NO
Are you registered disabled and hold a green card?	YES	NO
If yes, what is the number?		
What is the expiry date?		

Have you ever suffered from or are suffering now any of the following?

Fits, Epilepsy or blackouts	YES	NO
Diabetes?	YES	NO
Depressive illness or nervous trouble?	YES	NO
Typhoid, paratyphoid, cholera, dysentery, hepatitis.tuberculosis, paracitic infection, recurring diarrhoea?	YES	NO
Skin diseases, recurring boils or dermatitis?	YES	NO
Allergy(to drugs or any other substance)	YES	NO
Ear ache or ear infection?	YES	NO
Have you ever been refused employment on medical grounds	YES	NO
If yes , give details		
Would you be prepared to provide such specimens as may be required by the company doctor, to ensure you are not a carrier of any organism which may be passed on in food?	YES	NO

ADDITIONAL INFORMATION

What qualities could **you** bring to The Cromwell Arms?

Say why you enjoy working in the Hospitality industry:

DECLARATION

The answers supplied to the above health questions are true to the best of my knowledge.

Furthermore, I undertake to report immediately to my Manager if I or a member of my family, is suffering from vomiting, diarrhoea, skin rash or discharge from ears, eyes, nose or any other site.

1. After returning to, but before re-starting work, after any of the above illnesses.
2. After returning from holiday abroad, after suffering from vomiting and diarrhoea for more than two days.

SIGNED:.....

DATE:.....

DATA PROTECTION

Our company is bound by legislation relating to the Data Protection Act, and you are required to sign the disclaimer below:

I agree to be bound over by the terms of the Data Protection Act and agree not to disclose any personal or private information that I may have access to whilst in the employ of The Cromwell Arms.

All such information will remain the property of **The Cromwell Arms** and will remain privileged to my position with the company.

SIGNED:

DATE:.....