

Please return the application form:

**FAO The Personnel Manager
The Terrace Hotel
42-48 Church Street,
Magherafelt,
BT45 6AW,**

ENSURE THAT ALL SECTIONS ARE COMPLETED.
CLOSING DATE FOR APPLICATIONS:

Position applying to:

Full Time:
(please tick)

Part Time:

Reference :No:
(FOR OFFICE USE)

Forename:

Middle Name:

Surname:

Title:
(Please Tick)

MR

MRS

MISS

MS

Address:

Postcode:

Home Telephone:

Mobile Telephone:

Work Telephone:

E-mail:

Date of Birth:

National Insurance No:

Term time details (If applicable):

Term time address:

Postcode:

Telephone:

EDUCATION DETAILS:**Secondary Education:**

List in chronological order the type of school (e.g. secondary, Grammar, etc) you have attended and details of dates of your study and the subjects and results of examinations taken:

School	Exams	Date

Further Education:

Please supply the names and addresses of any colleges that you have attended and give details of dates of study, the qualification and the date awarded.

eg Queens University Diploma in business administration October 1999-June 2003

College	Qualification	Date

If you are presently in or you are intending to return to full-time or part-time education please give details:

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EMPLOYMENT DETAILS:

Name and address of present employer:

Commencement date:

Position:

Duties and responsibilities: (continue on separate sheet if necessary)
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Present wage/salary:

Period of notice required:

Reason for wishing to leave:

Bonus Scheme?

Any Other benefits?

PREVIOUS EMPLOYMENT

Please start with most recent

Name/Address of Employer	Dates	Position Held/Duties	Reason for leaving	Salary
1:				
2:				
3:				
4:				

Please state your expected Wage/Salary:

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TRAINING COURSES ATTENDED:

Please supply the attendance dates, titles and contents of any training courses that you have attended.

Course Attended:	Date:	Content:

GENERAL DETAILS:

Why did you decide to submit this application?

Please include any information that you feel may be relevant to your application: (continue on separate sheet if necessary)

Please list your interest, sports, hobbies etc?

Do you hold a current driving licence? Yes No

Please tick which applies: Provisional Full HGV

Have you any endorsements? Yes No

If yes, please give further information:

Have you ever been convicted of a criminal offence? Yes No

If yes, please give further information:

Are you registered disabled? Yes No

If yes please state your registration number

AVAILABILITY:

Please specify the hours you are available for work:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you available to work public holidays: Yes No

How many hours do you wish to work each week?

How will you get to and from work?

If you are successful, when can you start?

Have you any holidays booked? Yes No

If yes, please give dates:

REFERENCES:

Please give the names and addresses of two referees who are **not related to you**, who we can approach for Confidential assessment of your suitability for this job. **(Both of these should normally be a previous employer)**

Name/Address:	Name/Address:
<input type="text"/>	<input type="text"/>
Tel:	Tel:
<input type="text"/>	<input type="text"/>

Can we approach your present/most recent employer before an offer of employment is made? Yes No

HEALTH

Have you ever at any time suffered from or sustained any major illness or injury?

Yes No

Have you been hospitalised for any reason over the last five years?

Yes No

Do you suffer from any disability which would be likely to interfere with the proper discharge of duties in the post for which you now apply?

Yes No

Have you suffered from any industrial injury or disease?

Yes No

IF THE ANSWER TO ANY OF THE ABOVE IS YES, PLEASE GIVE DETAILS

Please give details of all absences from work/school/college etc. of more than two weeks duration due to sickness or injury during the last three years

Do you have, or have you ever suffered from or consulted with your doctor or a specialist for any of the following conditions:

Significant neck problems, back problems or strain?

Yes No

Stomach/bowel problems?

Yes No

Skin Problems?

Yes No

Allergies?

Yes No

Any current treatment or investigations?

Yes No

If answered yes to any of the above questions, please give details:

Have you applied for a position in The Terrace Hotel in the past? If so please state date(s)

For Office Use Only

S/L Yes _____ NO _____

Managers Signature

Comments: