

Please return application form to:

The Terrace Hotel, 42-48 Church Street, Magherafelt BT45 6AW

CLOSING DATE FOR APPLICATIONS:										
							Tick Box Belo	w		
Position app	olying to						Full		Part	
			Time			Time		Time		
Forename			Middle Name			Surnar	me			
Title (Please Tick)		Mr	Mr	s	Miss		Ms			

Address	
Postcode	
Mobile Number	
Email	

Date of Birth	
National Insurance No:	

Education:

List secondary and University Education (if relevant) you have attended, and examinations taken:

School	Exams	Date
College/University	Qualifications	Date
conege/ oniversity	Qualifications	Date

Current Employer	
Start Date	
Position	
Duties/Responsibility	

PREVIOUS EMPLOYMENT

Name of Previous Employer	Dates	Position	Reason for leaving	Wage/Salary
1				
2				
3				

Expected Wage / Solary	
Expected Wage / Salary	

Please tick days available for work

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

General Details

Please list sports, hobbies, and interests	
How Many Hours per week do you wish to work?	
If Successful, when can you start?	
Please list any holidays you have booked	

References: Please list name/address of two			
referees, who are not related and a previous employer			
Name/Address: Name/Address			
Tel:	Tel:		