

### 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:		