

Reference Number: \_\_\_\_\_

## APPLICATION FORM

Position applied for: \_\_\_\_\_

Shifts prepared to work: Day  Evening  Night  Weekend  Casual

### Personal Information

Surname: \_\_\_\_\_ Mr/Mrs/Ms: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone No (Daytime) \_\_\_\_\_ Evening: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have access to a form of transport that will allow you to fulfil the requirements of this post?

Yes  No

Have you ever been employed by this company before?

Yes  No

Applicants for Bar Person must be 18 or over, do you meet this criteria?

Yes  No

Will you require any assistance to enable you to attend an interview? e.g. access, interpreters etc

Yes  No  If yes, please indicate what assistance you would need \_\_\_\_\_

### Your current / most recent role

Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employment Dates: From: \_\_/\_\_/\_\_ To: \_\_/\_\_/\_\_

Nature of Business: \_\_\_\_\_

Current Salary & Package: \_\_\_\_\_

Notice Required: \_\_\_\_\_

Brief description of the role and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Your previous employment

(please list your previous FOUR employers. Continue on a separate page if necessary)

<b>Dates (to / from)</b>	<b>Employer Name, Address &amp; Tel No.</b>	<b>Job Title, Main responsibilities</b>	<b>Salary</b>	<b>Reason for Leaving</b>

## Education & Professional Qualifications

<b>From Month / Year</b>	<b>To Month / Year</b>	<b>Type of School E.g. High / College / University</b>	<b>Qualifications &amp; Grade</b>	<b>Full Time or Part Time</b>

## Training / Skills

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

Training / Skill	Qualification	Level	Year Achieved

## Key Achievements

Please give details of your key achievements in your career

## Career goals

Explain briefly

## Why do you want to work in Roe Park Resort?

## Supplementary Information

Have you ever been convicted of a criminal offence which is not a spent conviction under the Rehabilitation of Offenders Legislation?

Yes  No

If offered this position, will this be your only form of employment?

Yes  No

Please provide dates of any holidays arranged prior to an offer of employment \_\_\_\_\_

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

Any other information you feel relevant to your application

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Your References

Please give the names and addresses of 2 people 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 from your current or most recent employer).

Name : \_\_\_\_\_

Name : \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Can we approach your present/most current employer prior to making an offer of employment?

Yes  No  If no is ticked, we will contact you should we consider making an offer of employment to you.

It is the policy of Roe Park Resort to recruit, employ and promote qualified persons in all jobs and functions ensuring equal employment opportunity without regard to race, colour, religion, sex, age, national origin, ancestry, disability, marital status, political opinion, sexual orientation & gender reassignment.

## Application Declaration

In signing this declaration and in consideration of application with Roe Park Resort, I hereby affirm that the information provided in this application is correct, and that any misrepresentation of facts, or material omission thereof, can be cause for dismissal. Any job offer is conditional upon the receipt of satisfactory references.

I agree that Roe Park Resort can process, distribute and hold information appertaining to my application subject to the terms of the Data Protection Act 1998.

Signature: \_\_\_\_\_ Name (please print) \_\_\_\_\_

Date: \_\_/\_\_/\_\_

**Office Use Only** Interviewed by: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

Comments: \_\_\_\_\_

Decision (tick as applicable) Regret  Accept