## **STAFF APPLICATION FORM**

Please fill in this form fully and carefully in BLOCK CAPITALS

All information given is strictly confidential

Return back to us once complete

Personal Details:					
Surname Mr, Mrs, Miss		Nationality			
First Names		Date of Birth			
Address		Address			
Telephone (home)		Next of Kin			
Daytime (if convenient)		National Insurance Number			
Education:					
Date	Name of School/College/ University		Qualifications		

<b>Employment Record:</b> Please list all previous employment, starting with present/ most recent. Please include any part-time licensed trade experience.				
Date From/To	Employer	Job Title	Reason for Leaving	
How will your gen	eral experience help you in	this job?		
Have you ever been If 'YES' Please give	en previously employed at t	his outlet?	YES/NO	
What days/hours are you willing to work?				
Medical History:				
Please give details of any operation, serious illness or complaints that may prejudice your working in a public house or food related environment. (eg: Typhoid)				

Name and Addresses of two Can they be contacted at this (One must be your last employ	YES/NO				
Name	Address and Telephone Number	Occupation			
<b>Declaration:</b> I affirm that the information given in this application is correct to the best of my knowledge and i understand that any deliberate mis-statement renders me liable to the disqualification or to dismissal if employed.					
Signed	Date				