

HOLDSWORTH HOUSE

HOTEL & RESTAURANT

Application for Employment
PLEASE COMPLETE EACH SECTION IN BLOCK CAPITALS

To apply for a position print this sheet and send it with your current CV to
rachel.mullaney@holdsworthhouse.co.uk
 Or post to Rachel Mullaney, Holdsworth House, Halifax,
 West Yorkshire, HX2 9TG

We are equal opportunity employers - please let us know what we can do to make the application and interview process as accessible as possible. The information that you give on this form will be treated as strictly confidential. Any suppression of information or mis-statement may mean the cancellation of any offer of employment or dismissal from employment if it has commenced

GENERAL INFORMATION

What position are you applying for?	Full time	Date available to start?
	Part Time	
How did you hear of this vacancy?	Wage expected?	

PERSONAL DETAILS

SURNAME: (Mr./Mrs./Miss/Ms/Other)	FIRST NAMES
Address	Maiden Name (if applicable)
	Telephone HOME WORK
	Nat. Ins No:
Birth Date Age Birth Place Nationality	Documentary evidence of you national Insurance number must be received prior to Commencement of your employment Marital Status:
Are you a member of any professional organisation or association?	Do you have any Holiday Commitments?
Outside interests or responsibilities that you consider relevant to your application	
Do you hold a current driving license?	Have you ever been convicted of a criminal offence?

Do you own a car?	
Have you any relatives employed in this company? If so please state Name Department	Name of next of kin Relationship to you Next of kin address & tel no.
Please indicate whether you have worked for this hotel previously Date Location Position	Person to be contacted in an emergency (if different from above) Name Address & Tel No.
Please detail below any further skills, qualities and abilities that you feel support your application (e.g. Keyboard skills, languages etc. as well as non-work related achievements).	

HEALTH DETAILS

Doctor's Name & Address
Have you, within the past three years, had any illness or accident causing you to be off work for two weeks or more? YES/NO
If YES, please give details.
Have you, within the past three years, attended an outpatient's clinic or had a course of treatment (Tablets, injections, physiotherapy) lasting a month or more? YES/NO
Are you now receiving any such treatments? YES/NO

If YES, please give details	
Do you smoke? YES/NO	
Are you suffering from, or have you suffered from: Fits, epilepsy or blackouts? Diabetes? Depressive illness or nervous trouble (including eating disorders)? Such diseases as typhoid, cholera, hepatitis, B173 recurring diarrhoea? Skin rash or dermatitis? Allergy (to any drugs or to handling any substance)? Earache or ear infection? Backache or sciatica?	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO
Have you ever been refused employment or dismissed on medical grounds? YES/NO If YES please explain	
As far as you know, are you suffering from or have you ever suffered from, any disease or disability that might affect you ability to perform the job for which you are applying? YES/NO If YES, please give details.	

A disability or health problem does not preclude full consideration for employment and applications from suitably qualified disabled people are welcomed

EDUCATION

Further Education and Training and Schooling					
Dates		University College, Institute	Type of Training (Day Release, Full time Evening)	Subjects Studied	Qualifications
From	To				

--	--	--	--	--	--

EMPLOYMENT (show last/present employment first, including any period of unemployment or attach CV ensuring information asked for below is covered.)

Dates		Name & Address Present & Previous Employers	Title of Job/main duties numbers directly controlled	Reasons for leaving	Salary Benefits
From	To				

REFERENCES

We will always apply for work related references (your current employer will not be contacted without your permission) in the event of difficulties we may also accept personal references.

Name and address of three referees (other than relatives)		
Name	Address and Telephone	Occupation

NATIONALS

Date of entry into U.K.?	How long are you intending to stay in UK?
Do you have a work permit? YES/NO	
If Yes, what type and number?	

DECLARATION

I understand the completion of this form does not guarantee employment. I certify that all the information given on this form is true and accept that any mis-statement or suppression of material may mean the cancellation of any appointment which is also made subject to the receipt of satisfactory references.

DATE	SIGNATURE OF APPLICANT
------	------------------------

FOR HOTEL USE ONLY

Reference Details

INTERVIEW NOTES