



Best Western The Banbury House Hotel

APPLICATION FORM

POSITION APPLIED FOR:

SALARY EXPECTATION:

DATE AVAILABLE TO START:

STATE ANY OTHER POSITIONS YOU MAY BE INTERESTED IN:

DO YOU REQUIRE: FULL TIME / PART TIME / CASUAL (DELETE AS NECESSARY)

SURNAME / FAMILY NAME:

CHRISTIAN NAME(S):

MAIDEN / PREVIOUS SURNAMES:

MARITAL STATUS:

ADDRESS:

POSTCODE:

TELEPHONE NUMBER:

MOBILE NUMBER:

DATE OF BIRTH:

PLACE / TOWN OF BIRTH:

NATIONALITY:

N.I. NUMBER:

PLEASE NOT ALL EMPLOYEES MUST PRODUCE EVIDENCE OF THEIR RIGHT TO WORK IN THE UK BEFORE BEING GIVEN EMPLOYMENT

DO YOU REQUIRE A WORK PERMIT FOR THE UK?

YES / NO

IF SO, EXPIRY DATE OF PERMIT:

DO YOU HAVE A CURRENT FULL DRIVING LICENCE?

YES / NO

DO YOU HAVE ANY ENDORSEMENTS?

YES / NO

HOW MUCH NOTICE ARE YOU REQUIRED TO GIVE YOUR CURRENT EMPLOYER:

WHAT ARE YOUR HOLIDAY COMMITMENTS FOR THE NEXT SIX MONTHS IF ANY:

HAVE YOU WORKED FOR THIS COMPANY BEFORE?

YES / NO

IF SO, WHEN:

WHAT CAPACITY:

EQUAL OPPORTUNITIES

DO YOU HAVE A CRIMINAL CONVICTION NOT LEGALLY SPENT?

YES / NO

IF YES, GIVE DETAILS:

DO YOU SPEAK ANY OTHER LANGUAGES OTHER THAN ENGLISH?

YES / NO

IF YES, GIVE DETAILS AND DEGREE OF FLUENCY:

ETHNIC ORIGIN - PLEASE CIRCLE (FOR GOVERNMENT STATISTICS ONLY)

WHITE / BLACK AFRICAN / BLACK CARIBBEAN / INDIAN / ASIAN / CHINESE / OTHER

ARE YOU A MEMBER OF ANY PROFESSIONAL BODIES

YES / NO

IF YES, PLEASE STATE WHICH ONES:

EMPLOYMENT HISTORY

PLEASE START WITH YOUR PRESENT EMPLOYER AND WORK BACKWARDS:

EMPLOYERS NAME AND ADDRESS:

POSITIONS HELD:

FROM:

TO:

RATE OF PAY:

REASON FOR LEAVING:

EMPLOYERS NAME AND ADDRESS:

POSITIONS HELD:

FROM:

TO:

RATE OF PAY:

REASON FOR LEAVING:

EMPLOYERS NAME AND ADDRESS:

POSITIONS HELD:

FROM:

TO:

RATE OF PAY:

REASON FOR LEAVING:

N.B. PLEASE PROVIDE FURTHER DETAILS ON A SEPARATE SHEET IF NECESSARY

GIVE DETAILS OF THE NAME AND ADDRESS OF YOUR PRESENT EMPLOYER AND ADDITIONAL PREVIOUS EMPLOYERS WHO WE MAY CONTACT AS REFEREES. IF YOU DO NOT HAVE EITHER PLEASE GIVE TWO PEOPLE NOT FAMILY OR FRIENDS WHO HAVE KNOWN YOU FOR ATLEAST TWO YEARS AND WHO WOULD ACT AS A CHARACTER REFEREE:

NAME:

POSITION:

COMPANY NAME AND ADDRESS:

TELEPHONE:

NAME:

POSITION:

COMPANY NAME AND ADDRESS:

TELEPHONE:

NAME:

POSITION:

COMPANY NAME AND ADDRESS:

TELEPHONE:

SECONDARY AND FURTHER EDUCATION

SECONDARY SCHOOL ATTENDED:

FROM:

SUBJECTS TAKE AND PASSED:

COLLEGE / UNIVERITY ATTENDED:

FROM:

DIPLOMA / NVQ / DEGREE TAKEN:

IF OFFERED THIS POSITION WILL YOU CONTINUE TO WORK IN ANY OTHER CAPACITY?

PLEASE GIVE DETAILS:

YOUR PERSONAL ATTRIBUTES

PLEASE GIVE REASONS WHY YOU CONSIDER YOURSELF SUITABLE FOR THE POSITION FOR WHICH YOU HAVE APPLIED AND HIGHLIGHT ANY PERSONAL ACHEIVEMENTS WHICH YOU FEEL MAY BE RELEVANT:

YOUR HEALTH

PLEASE COMMENT ON YOUR GENERAL STATE OF HEALTH:

PLEASE GIVE DETAILS OF ANY PREVIOUS OR SERIOUS ILLNESS WHICH THE COMPANY SHOULD BE MADE AWARE OF:

DO YOU HAVE A PERMANENT DISABILITY?

YES / NO

IF YES, PLEASE SPECIFY:

IS THERE ANY ADJUSTMENT THAT MAY BE MADE BY US TO HELP?

YES / NO

IF YES, PLEASE GIVE DETAILS:

WE MAY REQUIRE A SATISFACTORY MEDICAL REPORT PRIOR TO A JOB OFFER

WHO SHOULD WE NOTIFY IN CASE OF ACCIDENT AT WORK?

NAME:

TELEPHONE NO:

ADDRESS:

MOBILE:

WORK TELE NO:

DECLARATION

I CONFIRM THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY MIS-STATEMENT OR SUPPRESSION OF INFORMATION MAY MEAN CANCELLATION OF ANY APPOINTMENT MADE:

I AUTHORISE THE COMPANY TO OBTAIN REFERENCES TO SUPPORT THIS APPLICATION ONCE A FORMAL OFFER HAS BEEN MADE AND RELEASE THE COMPANY AND REFEREES FROM ANY LIABILITY CAUSED BY GIVING AND RECEIVING INFORMATION. I ALSO CONFIRM THE INFORMATION GIVEN ON THIS FORM IS TRUE AND COMPLETE. ANY FALSE INFORMATION MAY RENDER ME LIABLE TO DISMISSAL

SIGNATURE OF APPLICANT:

DATE:

PLEASE RETURN THIS FORM TO THE PERSONNEL DEPARTMENT

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