

# EMPLOYMENT APPLICATION FORM - PRIVATE AND CONFIDENTIAL

Position Applied For:..... **Date**.....

Title: Mr/Mrs/Miss/Ms

Surname:.....

Forename(s):.....

Address: .....

..... Postcode: .....

Home tel. no.: ..... Mobile tel. no.: .....

National Insurance No.: ..... Date of Birth: .....

How did you hear about the job? .....

## Your Availability

Days:                      Mon      Tues      Wed      Thurs      Fri      Sat      Sun

Times From:            .....            .....            .....            .....            .....            .....

Times To:                .....                .....                .....                .....                .....

How many hours would you wish to work per week? .....

Could you work extra hours if required? Yes/No

## Education (most recent first)

School/College/ University	Dates From	To	Subjects studied	Exams/Awards/Achievements
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

## Present And Previous Employment (most recent first)

Employer Name & Address	Dates From	To	Job title & duties	Reason(s) for leaving
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

## Licensed Retail/Retail/Catering Experience

**Please indicate any relevant experience you have in this area.**

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## Criminal Convictions

Have you ever been convicted of a criminal offence? Yes/No

If yes, please give details (under the Rehabilitation of Offenders Act 1974, spent convictions need not be declared):.....

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**Health**

Are you having any medical treatment at the moment?	Yes/No
Have you seen your doctor in the last 12 months/ If so, why?	Yes/No
Are you waiting for medical treatment at the moment?	Yes/No
Are you taking any medication prescribed by a doctor at the moment?	Yes/No
Have you been in/attended hospital in the last 3 years? If so, why?	Yes/No
Are you suffering from:	
a) Skin trouble affecting hands, arms or face?	Yes/No
b) Boils, style or septic fingers?	Yes/No
c) Discharge from eyes, ears or gums/, mouth?	Yes/No
Have you ever been involved in or witnessed a violent incident at work which Continues to trouble you?	Yes/No
Have you ever had or are now known to be a carrier of enteric fever (typhoid or paratyphoid)?	Yes/No
Have you been abroad in the last 3 weeks? If yes, were you ill?	Yes/No
Do you suffer from?	
a) Recurring skin and ear trouble	Yes/No
b) Recurring gastrointestinal disorder?	Yes/No
Have you now or ever suffered from diarrhoea and/or vomiting?	Yes/No

**References – please provide 2 references, 1 being your last employer.**

Name: .....	Name: .....
Address: .....	Address: .....
.....	.....
Job Title: .....	Job Title: .....

**Declaration**

I understand that misrepresentation, falsification or omission of information requested on this application form may be cause for dismissal. I declare that this information provided on this form is correct in all respects.

Signature: ..... Date: .....

Complete & return to

The White Swan Hotel  
Eel Pool Road  
Drakeholes  
Doncaster  
DN10 5DF

OR Email to [info@thewhiteswanhotel.co.uk](mailto:info@thewhiteswanhotel.co.uk)