

# THE PASSAGE HOUSE INN

## Application Form

### Personal Information

|  |  |                             |  |         |  |
|--|--|-----------------------------|--|---------|--|
| Title  |  | First Name(s)               |  | Surname |  |
| Date of Birth  |  | For Licensing Purposes Only |  |         |  |
| Address  |  |                             |  |         |  |
|  |  |                             |  |         |  |
|  |  |                             |  |         |  |
| Home Phone   |  | Mobile No.                  |  | Email   |  |
| Are you legally entitled to work in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/> |  |                             |  |         |  |
| (You will be required to provide evidence of this prior to commencing employment)                    |  |                             |  |         |  |
| How will you get to and from work?   |  |                             |  |         |  |

### Employment Information

|  |  |
|--|--|
| Position applied for                       |  |
| When will you be able to start employment? |  |

### Your Availability

Please indicate the times that you are available to work. ✓

| Shifts     | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------|--------|---------|-----------|----------|--------|----------|--------|
| Anytime    |        |         |           |          |        |          |        |
| Mornings   |        |         |           |          |        |          |        |
| Afternoons |        |         |           |          |        |          |        |
| Evenings   |        |         |           |          |        |          |        |

How many hours do you wish to work each week? .....

Could you work extra hours if required? Yes  No

Are you looking for: Permanent  Seasonal

|                                      |      |  |    |  |
|--------------------------------------|------|--|----|--|
| If Seasonal, when are you available? | From |  | To |  |
|--------------------------------------|------|--|----|--|

### Secondary Education

|                |   |
|----------------|---|
| Name of School | Exams/Qualifications Gained<br>Please be prepared to provide certificates |
|                |   |
|                |   |

### Further Education/ Training

Please include any professional qualifications/training

|                               |   |
|-------------------------------|---|
| Name of FE College/University | Exams/Qualifications Gained<br>Please be prepared to provide certificates |
|                               |   |
|                               |   |
|                               |   |
|                               |   |

## Hobbies and Interests

Please include membership of professional bodies and public or voluntary commitments

## Employment History

Please give details of relevant previous employment/key achievements that might help us assess your suitability for the job for which you are applying, starting with the most recent and working backwards.

| Job Title | Employers Name and Address | Key Responsibilities and Duties | Reason for Leaving |
|-----------|----------------------------|---------------------------------|--------------------|
|           |                            |                                 |                    |

## About you

What skills and qualities do you have to positively contribute to the team?

Please give an example of when you have exceeded customer expectations.

What is your proudest accomplishment to date?

Please give an example of when you achieved something working in a group.

## Criminal Convictions

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

Declaration subject to Rehabilitation of Offenders Act 1974

## References

Please give an example of two references. References are taken up prior to appointment, but only after you have accepted an offer of employment.

| Reference 1               |  | Reference 2               |  |
|---------------------------|--|---------------------------|--|
| Full Name                 |  | Full Name                 |  |
| Company                   |  | Company                   |  |
| Address                   |  | Address                   |  |
| Phone Number              |  | Phone Number              |  |
| Their Position in Company |  | Their Position in Company |  |

## Health

Do you suffer from a disability\* and/or medical condition? Yes  No

If yes, what reasonable adjustments would you require to allow you to carry out the job?

We are an equally opportunities employer and will not discriminate on the grounds of disability.

\*The Disability Discrimination Act defines disability as "A physical or mental impairment which has a substantial and long term effect on the person's ability to carry out normal day-to-day activities".

## Data Protection

The Data Protection Act ("the Act") sets out certain requirements for the protection of your personal information against unauthorised use or disclosure. The Act also gives you certain rights. Except to the extent we are required or permitted by law, the information which you provide in this application form and any other information obtained or provided during the course of your application ("the information") will be used solely for the purposes of assessing your application. If your application is unsuccessful or you chose not to accept any offer of employment we make, the information will not be held for longer than necessary, after which time it will be destroyed, although relevant information will be retained in the longer term to facilitate our equal opportunity monitoring. If your application is successful, the information will form part of your employment file and we will be entitled to process it for all purposes in connection with your employment. So that we may use the information for the above purposes and on the above terms, we are required under the Act to obtain your explicit consent. Accordingly, please sign the consent section below.

**CONSENT TO MY PERSONAL INFORMATION BEING USED FOR THE PURPOSES AND ON THE TERMS SET OUT ABOVE**

|        |  |      |  |
|--------|--|------|--|
| Signed |  | Date |  |
|--------|--|------|--|

## Declaration

I confirm that the information given on this application form is accurate, true and complete to the best of my knowledge. I understand that an offer of employment is subject to my application details being correct, my references proving satisfactory to the Company, documentary evidence of my right to work in the UK and my health declaration proving acceptable. I understand that should I have deliberately made a false or misleading statement on this form, my future employment can be terminated without notice.

|        |  |      |  |
|--------|--|------|--|
| Signed |  | Date |  |
|--------|--|------|--|