Taste *Inn* Wales

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR:_____

Thank-you for your interest in the above position. Please complete ALL sections of this form. If you are enclosing your C.V. you may refer to this for the sections indicated.

Where did you hear about the position you are applying for? _____

SURNAME:	FORENAMES:	TITLE:

ADDRESS: POST CODE	TELEPHONE: MOBILE: E-MAIL ADDRESS:
DATE OF BIRTH:	NATIONAL INSURANCE NUMBER:
CURRENT FULL DRIVING LICENCE ? YES/NO	DETAILS OF ENDORSEMENTS/POINTS:

Are there any restrictions on you taking up employment in the UK? YES/NO
(If yes, please provide details)

EDUCATION HISTORY (alternatively please include your C.V)

Schools/Colleges/University	Qualifications gained

EMPLOYMENT HISTORY (Please complete in full and use a separate sheet if necessary)

NAME & ADDRESS OF EMPLOYER	JOB TITLE	DUTIES	RATE OF PAY	REASON FOR LEAVING

Notice required in current post:

OTHER EMPLOYMENT

Please note any other employment you would continue with if you were to be successful in obtaining this position.

LEISURE

Please note here your leisure interests, sports and hobbies, other pastimes etc.

CRIMINAL RECORD

Please note any criminal convictions except those "spent" under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Records Office

GENERAL COMMENTS

Please detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post.

HEALTH DETAILS

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? YES/NO Please specify any special arrangements for work associated with any impairment Please specify any special arrangements you will need to attend an interview
Please list any diseases, disorders, allergies, muscular or muscular skeletal injuries from which you have suffered or do suffer
Please detail any form of medicine, drugs, or treatment you are currently and/or regularly receiving.
Please list all absences from work in the past 12 months and the reasons for such absences.

DECLARATON (Please read this carefully before signing this application)

1 I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. 2 I agree that the organisation reserves the right to require me to undergo a medical examination. (should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during my employment and for up to six years thereafter and understand that information will be processed in accordance with the Date Protection Act. 3 I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basis disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated
Signed: Date: