

# THE HOTEL BRISTOL

## APPLICATION FOR EMPLOYMENT

The Hotel Bristol  
Narrowcliff  
Newquay  
Cornwall  
TR7 2PQ

Please complete and return this form to:

\* These fields are mandatory

<b>* Position applied for:</b>
<b>Where did you see the position advertised?</b>

<b>* Last Name:</b>	<b>* First name(s)</b>
<b>* Address:</b>	Home: Telephone number:
	Mobile:
Single/married/ Partner/widowed/divorced	Name and address of next of kin:
<b>* National Insurance No:</b>	

### EDUCATION DETAILS

<b>* Names of Schools, Colleges of FE and Universities</b>	<b>* Examinations Passed</b>	<b>* Responsible Positions Held</b>

<b>* Are you eligible for New Deal?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<b>* Memberships of professional bodies:</b>
<b>* Other membership, e.g. JP, TA, School Boards, Governor, Councillor:</b>

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\* Leisure interests, hobbies, sports:

### \* BUSINESS EXPERIENCE/SKILLS


\* Do you hold a clean driving licence or licence appropriate to your profession/skills?  Yes  No  
If no, give details:

### EMPLOYMENT DETAILS

Details are required for the last ten years. This should be continuous and a note below should explain any breaks in employment (E.g education, time at home, redundancy etc).

Employer's Name and Address	Position Held and brief description of duties	Reason for Leaving	Salary/Wage
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Present:			
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Employer's Name and Address	Position Held and brief description of duties	Reason for Leaving	Salary/Wage
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* Previous:			
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\* Explanation regarding any breaks in employment:

\* HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?  
(If yes and the criminal conviction is unspent, please give details):

\* REFERENCES please give details of three referees; one your current/last employer (where possible) and two previous or character references, as appropriate.

* Name:	* Name:	* Name:
* Address:	* Address:	* Address:
Tel No:	Tel No:	Tel No:
Occupation:	Occupation:	Occupation:

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**\* MEDICAL** Please check the boxes in answer to the questions

<p><b>* Do you hold a current DSS linking letter BF220, BM7, BM8 or SP1(L) Form?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If YES, please give details and dates:</p>	
<p><b>* Do you have any disabilities about which we should be aware?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, please give details:</p>	<p><b>* Any serious accident/operation/illness within the last 10 years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, please give details:</p>
<p><b>Have you taken any prescribed medication in the last eighteen months?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, please give details:</p>	<p><b>* Have you had any sickness for more than five days in last three years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, please give details:</p>

### DEPENDANTS

<p><b>Have you any dependants?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If so, how many?:</b></p>		
<p><b>Date of Birth/Adoption</b></p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>	<p><b>Relationship</b></p>	<p><b>Parental Leave taken in weeks</b></p>
<p><b>Have you any dependants who are disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If so, how many? (Give Number)</b></p>		
<p><b>Date of Birth/ Adoption</b></p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>	<p><b>Relationship</b></p>	<p><b>Parental Leave taken in days</b></p>

I certify that the information given by me on this form is accurate and that my experience is genuinely represented and qualifications claimed have been attained.

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I am aware that any engagement entered into is subject to the information being correct, the receipt of satisfactory references, and passing a medical examination, if so required by The Hotel Bristol.

I understand that falsification of any information contained therein will result in immediate termination of my employment and I will have no rights of recourse.

\* Signed \_\_\_\_\_ \* Date \_\_\_\_\_

## PERSONAL STATEMENT

Why do you think your qualifications, experience, and personal qualities make you a suitable candidate for the position? Continue on a separate sheet if necessary ensuring that you affix the sheet firmly to the application form and that your name is on the each separate sheet

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Applicant (BLOCK LETTERS):

