



Stanton House Hotel

The Avenue, Stanton Fitzwarren, Swindon, SN6 7SD
Telephone: 08435071388 Facsimile: 01793 861857
e-mail: reception@stantonhouse.co.uk
Website: www.stantonhouse.co.uk

APPLICATION FOR EMPLOYMENT

Please complete this form in your own handwriting, sign it as a correct record of the facts you have stated and return it to the above address.

ALL APPLICATIONS ARE TREATED IN THE STRICTEST OF CONFIDENCE

Personal details:

Surname _____ Forename(s) _____

N.I.Number _____

Permanent address _____

_____ post code _____

Home telephone number _____

Mobile telephone number _____

Daytime telephone number _____

e-mail address _____

Employment details

Are you eligible to work in the UK? Yes / No

Position sought? _____

Dates not available for interview? _____

Notice required by the current employer? _____

How did you learn about his job opportunity? _____

What factors influenced your decision to apply? _____

Salary expected? _____

Skills

Special skills: List machinery you can operate or any other work oriented skills.

Official skills: typing speeds, shorthand, packages, office equipment etc.

Language skills: spoken or written.

Employment history

Begin with the MOST RECENT and include all jobs held.

Date from – to	Name, address and business of employer	Position held and salary	Reason for leaving
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Sports/Pastimes/Special interests etc:

Please describe how you spend your leisure time and any recreational time, sporting or voluntary activities in which you are interested.

Foreign travel: List any countries visited and reasons.

Personal achievements:

Please use this space to record any other facts and personal achievements of importance which are relevant to your application. For instance, what will you contribute to Stanton House Hotel?

Do you have any convictions for criminal activity? Yes / No

If yes, give details. _____

Do you hold a current driving licence? Yes / No

Have you had any endorsements or fines in the last five years? Yes / No

If yes, give details. _____

Have you any disability that may effect the type of work you can be given? Yes / No

If yes, give details. _____

Are you registered under the disabled persons act 1994? Yes / No

If yes, please give your registration number. _____

Do you have any serious or recurrent illness or health conditions? Yes / No

If yes, give details. _____

State the number of days sick taken in the last 12 months. _____

Education – Schools/ College / University:

Date from – to	Name and location	Name of subjects	Grades

References:

Please give the names and addresses of two people (not relatives) who have known you for several years whom you authorise us to approach for a reference. One of the references must be your present employer. We will not approach you present employer for a reference without your authorisation.

Name _____
Address _____

Name _____
Address _____

Occupation _____

Occupation _____

How long known? _____

How long known? _____

I certify that the answers given by me to the foregoing questions and statements are true and accurate, and agree that the company shall not be liable if employment is terminated because of falsity of statements, answers or omissions made by me in this application for employment.

As a condition of employment, I agree to undergo a medical examination, should it be necessary. If I am employed, or if this application is accepted prior to a medical examination, I understand that my employment or an offer of employment is not binding until I have satisfactorily passed the medical examination.

Signed _____

Date _____

FOR OFFICE USE ONLY

Interview date _____

Start date _____

Offered position Full time / Part time (_____ hrs/week) / Casual

Starting grade _____

Interviewed by _____

Management authorisation sign/date _____

*Please pass this form with authorised employment form to the administration office.

ADMINISTRATION USE ONLY

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|----------------------|--------------------------|---------------------|--------------------------|------------|--------------------------|
| Copy of passport | <input type="checkbox"/> | Work permit or Visa | <input type="checkbox"/> | | |
| P45/P46 | <input type="checkbox"/> | HMRC | <input type="checkbox"/> | | |
| New Employee Form | <input type="checkbox"/> | Payroll number | <input type="checkbox"/> | BACS | <input type="checkbox"/> |
| References | <input type="checkbox"/> | | | | |
| Clock-in card number | <input type="checkbox"/> | Holiday card | <input type="checkbox"/> | Name badge | <input type="checkbox"/> |
| Induction | <input type="checkbox"/> | / | / | | |
| Contract signed | <input type="checkbox"/> | | | | |