



APPLICATION FORM

Position applied for

Date.....

Days Available to work: (tick all that apply)

M	T	W	T	F	S	S
<input type="checkbox"/>						

Hours available to work:

Evening only

Daytime only

Any

Personal details

Title		M	F	Address
Family Name				
Forename				
NI Number				Postcode
Telephone	Home		Mobile	
E-Mail				
Nationality			Do you need a work permit to be employed in the UK?	Yes No
Age			Please note all employees must produce evidence of their right to work in the UK before they are given employment. Documents such as birth certificate, P45, P60, National Insurance card and passports are acceptable	
We need to know your age to ensure you are legally allowed to sell alcohol				

Have you previously worked for Pub Leisure? If yes, please give details:

Date from:	Date to:	Venue:
Name of manager:		

Employment History

Name of Employer	Date From	Date to	Position held	What did you like most about job?	What did you like least?

Professional Qualifications

School/ College/ University	Dates from	Dates to	Qualifications achieved

Other relevant training courses or certificates with dates

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Other information

Please give any additional information you think may support your application and / or any information that you believe we should be aware of when considering your application:

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What's your passion?

What's your favourite dish?	
Your wine recommendation?	
Favourite cocktail?	
Bar recommendation and why?	
Restaurant recommendation and why?	
What does 'great service' mean to you?	
What role do you play in any team environment?	
If you could change anything about yourself what would it be?	
What 3 words best sum you up?	

Driving License

Do you have a driving license?	YES	NO
Do you have a vehicle to drive?	YES	NO

Rehabilitation of Offenders Act 1974

Have you ever been convicted of any criminal offence?

If yes, please provide further details

Health

Please state the number of days sickness absence you have had in the last 12 months	
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Disability Discrimination Act 1995

Do you consider yourself to be disabled under the Disability Discrimination Act?	YES	NO
If Yes, are there any adjustments that you think we could make to overcome a disability in relation to the essential requirements of this job?	YES	NO
If Yes, please provide further details		
If selected for interview, do you require any assistance/adaptations to help you?	YES	NO
If Yes, what assistance/adaptations do you require?		

Additional personal details

Applicants are requested to fill out the sections below to enable the company to monitor its equal opportunities policy. Monitoring is recommended by the Codes of Practice for the elimination of racial discrimination and for the element of discrimination on the grounds of sex, marital status and disability. This information is used for this purpose and will be treated as confidential.

Ethnic group

Please specify:

Marital Status:

Male Female

Registered disabled Y / N Not registered disable Y / N

If applicable please give brief details of the disability and your registered number:

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The information provided by you on this form as an applicant will be stored either on paper records or a computer system in accordance with the Data Protection Act 1998 and will be processed solely in connection with recruitment.

Declaration

I declare that the information given in this application is true and complete. I understand that if I have given any misleading information on this form it will result in an offer of employment being withdrawn or termination of my employment.

Signature..... **Date**.....

Name.....

Employee Pre- Employment Medical Questionnaire

This form must be completed employees prior to commencing work. This completed form is to be retained in the employee's personal file.

For Manager's confidential use.

Please answer the following questions:

1. Are you under medical care or have you suffered any serious injury?	Yes	No
2. Do you have any disability that may affect your work?	Yes	No
3. Do you feel capable of doing the job with no problem?	Yes	No
4. How many days have you had off in the last two years and for what reasons?		
5. Have you had or suffer from any of the following:		
a) Heart or lung problems including asthma, TB, bronchitis or chronic cough	Yes	No
b) Psychiatric or nervous problems including stress or migraine headaches	Yes	No
c) Back problems, sciatica, overuse injuries (R.S.I.)	Yes	No
d) Fits, epilepsy, M.S. or chronic fatigue syndrome	Yes	No
e) HIV, AIDS or hepatitis	Yes	No
f) Skin problems, e.g. eczema, psoriasis	Yes	No
g) Any alcohol or drug related problems or illness	Yes	No
h) Any other medical condition, physical or mental, not mentioned above	Yes	No
6. In the last month have you suffered from:		
a) Sickness, diarrhoea or stomach upset	Yes	No
b) Flu-like symptoms or feverishness	Yes	No
d) Infection of ears, nose, throat, eyes or skin including boils, warts, acne or cuts	Yes	No
e) Contact with anyone who has jaundice, hepatitis, typhoid, cholera, TB or diarrhoea	Yes	No
Is there any reason why you are not able to work nights? Details.....	Yes	No

Data Protection and Confidentiality

Personal Information given by you in this questionnaire will not be passed on nor used for any purpose outside that of assessing your health and medical status, subject to the following exceptions:

- Where you give express consent to disclose the information or data;
- Where a member of our staff would be liable in civil or criminal court procedure if the information were not disclosed; or
- Where a member of our staff believes that you are in serious danger.
- If any of these circumstances arise, you will be advised by us wherever possible.

Under the Data Protection Act you will have a right to access any medical notes which we keep on you, unless those notes refer to a third party in which case you will have the right to qualified access to those notes.

Declaration

1. I declare that, to the best of my knowledge, the information I have given is correct.
2. I understand that I may be required to attend a medical examination
3. I understand that failure to disclose relevant information or giving false information may result in termination of my employment.

Signature **Date**