

SANDRINGHAM HOTEL / CAFÉ JAZZ

21 St Mary Street – Cardiff – CF10 1PL
Tel: 029 20232161

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR:
PLEASE STATE HOW YOU HEARD OF THIS VACANCY:

DATE AVAILABLE:

PERSONAL DETAILS

TITLE: _____	SURNAME: _____	FIRST NAME: _____
DATE OF BIRTH: ____/____/____	PLACE OF BIRTH: _____	
MARITAL STATUS: _____		
HOME ADDRESS: _____		

TELEPHONE NUMBER: _____	MOBILE NUMBER: _____	
NATIONAL INSURANCE NUMBER: _____		
DO YOU NEED A WORK PERMIT	YES/NO	
ARE YOU A REGISTERED DISABLED PERSON	YES/NO	
IF YES, PLEASE GIVE NUMBER: _____		
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE	YES/NO	
IF YES, PLEASE GIVE DETAILS: _____		

SECONDARY EDUCATION

NAME OF SCHOOL: _____
DATES ATTENDED: FROM ____/____/____ TO ____/____/____
SUBJECTS AND EXAMINATIONS TAKEN WITH GRADE: _____

FURTHER EDUCATION AND TRAINING

NAME OF COLLEGE / UNIVERSITY: _____
DATES ATTENDED: FROM ____/____/____ TO ____/____/____
QUALIFICATIONS WITH GRADES: _____

PROFESSIONAL QUALIFICATIONS

PLEASE STATE TYPE OF QUALIFICATION, LEVEL AND WHEN OBTAINED: _____
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EMPLOYMENT

(CURRENT OR MOST RECENT EMPLOYMENT)

NAME AND TYPE OF ORGANISATION WITH FULL ADDRESS: _____	

DATES EMPLOYED: FROM _____ / _____ / _____ TO _____ / _____ / _____	TITLE OF JOB: _____
MAIN RESPONSIBILITIES AND ACHIEVEMENTS: _____	

FINAL SALARY: _____	NOTICE PERIOD: _____
REASON FOR LEAVING: _____	

PREVIOUS EMPLOYMENT

(LIST UP TO THREE IN REVERSE ORDER, MOST RECENT FIRST)

NAME AND TYPE OF ORGANISATION WITH FULL ADDRESS: _____	

DATES EMPLOYED: FROM _____ / _____ / _____ TO _____ / _____ / _____	TITLE OF JOB: _____
MAIN RESPONSIBILITIES AND ACHIEVEMENTS: _____	

FINAL SALARY: _____	NOTICE PERIOD: _____
REASON FOR LEAVING: _____	

NAME AND TYPE OF ORGANISATION WITH FULL ADDRESS: _____	

DATES EMPLOYED: FROM _____ / _____ / _____ TO _____ / _____ / _____	TITLE OF JOB: _____
MAIN RESPONSIBILITIES AND ACHIEVEMENTS: _____	

FINAL SALARY: _____	NOTICE PERIOD: _____
REASON FOR LEAVING: _____	

NAME AND TYPE OF ORGANISATION WITH FULL ADDRESS: _____	

DATES EMPLOYED: FROM _____ / _____ / _____ TO _____ / _____ / _____	TITLE OF JOB: _____
MAIN RESPONSIBILITIES AND ACHIEVEMENTS: _____	

FINAL SALARY: _____	NOTICE PERIOD: _____
REASON FOR LEAVING: _____	

REFERENCES

PLEASE GIVE THE NAME AND ADDRESS OF TWO PEOPLE WE CAN CONTACT FOR A CONFIDENTIAL ASSESSMENT OF YOUR SUITABILITY FOR THIS JOB. PLEASE GIVE YOUR CURRENT AND PREVIOUS EMPLOYERS WHERE POSSIBLE.

1. NAME _____
FULL ADDRESS: _____

TELEPHONE NUMBER: _____

2. NAME _____
FULL ADDRESS: _____

TELEPHONE NUMBER: _____

DECLARATION

I CERTIFIE THAT THE INFORMATION I HAVE GIVEN IS TRUE. I UNDERSTAND THAT IF DUTTLAN HOTELS LTD OFFERS ME A JOB AND I HAVE GIVEN FALSE OR MISLEADING INFORMATION, THIS MAY LEAD TO WITHDRAWAL OF THE OFFER, OR DISMISAL NOTICE IF I HAVE COMMENCED WORK.

SIGNATURE:

DATE: / /