

## **APPLICATION FORM**

Head Office, Thorpeness Hotel, 26 Lakeside Avenue, Thorpeness, Suffolk IP16 4NH – 01728 452176

Job Application Form							
Position Title:  Please tell us how you heard about this vacancy:							
1. Perso	1. Personal details						
Last Name:	st Name:				iddle		
Address:							
Postcode:							
Home Teleph	one No.		Mol	oile No.			
E-mail addres	l						
National msu	rance No.						
2. Preferr	ed hours						
Please tick a	s appropriate						
Full time Part time							
Please can you let us know when you are available to work by ticking the boxes below?							
Please tick when you are <u>available</u>							
Morning	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Afternoon							
Evening							

## 3. Employment History

**Previous Employment:** Please include any previous experience (paid or unpaid), starting with the most recent first.

Current or most recent e	<u>imployer</u>			
Name of Employer:				
Address:				
		Posto	tcode:	
Position Held:				
Date Started:		Leaving Date:		
Reason for Leaving:				
Salary on leaving this post:	Co ref	ntact Name of HR Managerence:	iger for	
Brief description of duties:				
Previous employer				

Position Held:

Date Started:

Leaving Date:

Name of Employer:

Address:

Reason for leavir	ng:		
Salary on leaving this post	:	Contact Name of HR M reference	anager for
Brief description	of duties:		
Provious ample	wor		
Previous emplo			
Name of Employe	er:		
Address:			
		Pos	tcode:
Position Held		Pos	tcode:
Position Held:		Pos	tcode:
Date Started:		Posi	tcode:
	ng		tcode:
Date Started: Reason for Leavi		Leaving Date:  Contact Name of HR M	
Date Started: Reason for Leavi Salary on leaving this post		Leaving Date:	
Date Started: Reason for Leavi		Leaving Date:  Contact Name of HR M	
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Date Started: Reason for Leavi Salary on leaving this post		Leaving Date:  Contact Name of HR M	

description a	his section to demo and person specifica or voluntary/leisure	tion. Please ind	clude all relevar	nt information, v	whether obtaine	d through formal

4. Information in support of your application

Continue of	on a	separate	sheet if	necessary
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## 5. Education/Qualifications

School (11+)	Study Dates	Qualification and Grade	Date Obtained
College/University	Study Dates	Qualification and Grade	Date Obtained
Ongoing Professional Development	Study Dates	Qualification and Grade	Date Obtained

## **Training & Professional Development**

Please use the space below to give details of any training or non-qualification based development which is relevant to the post and supports your application.

Training Course	Course Details (including length of course/nature of training)				

Current Membership of any Professional Body/Organisation
Please give details:

6. Convictions/ Disqualifications
A CRB check may be completed for some positions. If a check is returned and reveals any information, this will be discussed with the applicant. The offer of employment could then be withdrawn.
REHABILITATION OF OFFENDERS ACT 1974
Do you have any convictions that are unspent under the rehabilitation of offender's act 1974?
If yes, please give details / dates of offence(s) and sentence:
We are committed to the achievement of Equal Opportunity throughout our business
7. Reasonable Adjustments/Arrangements for Interview
Are there any reasonable adjustments that could be made to help overcome any physical or medical condition, which would help you meet this job role?
You may be asked to complete a detailed medical questionnaire if you are offered a role.
Are you subject to any conditions relating to your employment in this country?  YES/NO
If "yes" please use the space below to tell us what these are?
7 - 1
71
If appointed when could you start? Give period of notice if applicable

Reference	es					
Please gi	ve detai	Is of TWO references:				
Please standard Please Standard Relation to you:	eferee	ther we can contact prior to interview	YES	NO	(plea	se circle as appropriate)
Address:						
	Email:	Po Te	ostcod	e:		
Please standard of Rand relation to you:	eferee	ther we can contact prior to interview	YES	NO	(plea	ase circle as appropriate)
Address:						
		Po	ostcod	e:		
	Email:	Тє	el:			
Declarati	ion					
Statemen	t to be \$	Signed by the Applicant				
Please co completed	mplete to d and sig	he following declaration and sign it in the appr ned, your application will not be considered.	opriate	e place	e below	v. If this declaration is not
		otel Collection Limited can create and mair d that this will be processed and stored in a				
if any of t	he infor	the information given by me on this form is mation I have provided is later found to be be withdrawn or employment terminated.				
Signed:			l	Date:		
Print Nam	ne:					