

Application for Employment



The Old Inn
 11–15 Main Street
 Crawfordsburn
 BT19 1JH

Tel: (028) 9185 3255
 Email for receipt of completed forms:
 hres@theoldinn.com
 www.theoldinn.com

Position Applied For:

Surname:	Title:	Forename (s)
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Address:	
Post Code:	

Do you have the right to work and live in the UK	National Insurance Number	Full Driving Licence?	Own Transport?
Yes/No			

Contact Telephone Number (home)	
Mobile Telephone Number	
Email Address	

Secondary / Further Education

From	To	Type of School (eg Grammar)	Subjects	Results

University / Higher Education

From	To	University / College	Title of Degree / Diploma	Result

2. Name and address of employer	Job Title and location	FROM Day/Mth/Yr / /	TO Day/Mth/Yr / /
<p>Rate of Pay _____</p> <p>Duties (briefly):</p> <p>Reason for leaving: _____</p>			
3. Name and address of employer	Job title and location	FROM Day/Mth/Yr / /	TO Day/Mth/Yr / /
<p>Rate of Pay _____</p> <p>Duties (briefly):</p> <p>Reason for leaving: _____</p>			
4. Name and address of employer	Job title and location	FROM Day/Mth/Yr / /	TO Day/Mth/Yr / /
<p>Rate of Pay _____</p> <p>Duties (briefly):</p> <p>Reason for leaving: _____</p>			
5. Name and address of employer	Job title and location	FROM Day/Mth/Yr / /	TO Day/Mth/Yr / /
<p>Rate of Pay _____</p> <p>Duties (briefly):</p> <p>Reason for leaving: _____</p>			

Meeting the Criteria

Please demonstrate how you meet the 'Essential' and 'Desirable' criteria outlined in the Person Specification

OTHER EMPLOYMENT

Working Time legislation limits working time to 48 hours per week. You must inform us if you are or intend to work in any other job, as well as the post for which you have applied.

Are you / do you intend to work in another job? YES / NO

If you have answered yes, how many hours per week would this entail? _____ hours

CRIMINAL RECORD

Please advise of any criminal convictions except those spent under the Rehabilitation of Offenders (NI) Order 1978. If none please state.

REFERENCES

Please give the names and addresses of two people to whom we may apply for employment references. One should be your current or most recent employer. Please note that we will not contact your current employer for a reference unless and until we are prepared to offer the post to you.

Name:

Position:

Address:

Email address:

Telephone Number:

Name:

Position:

Address:

Email address:

Telephone Number:

SPECIAL REQUIREMENTS

Please list below any special requirements or reasonable adjustments if you are disabled that you may have if you are called for interview.

VERIFICATION OF INFORMATION

I declare that all information which I have provided is correct. I understand that any false information given may result in a job offer being withdrawn or my employment terminated.

Signed

Date

Please complete the separate monitoring form provided.