Please give details of how you spent your time during any gaps in	your employment history.		
INTERESTS, LEISURE ACTIVITIES (e.g. hobbies	, sports, club memberships)		
SUPPLEMENTARY INFORMATION			
Please set out below any further information to support your applic	cation, e.g. past achievements, future aspirations, personal strengths.		
DECLARATION			
declare that the information given in this form is complete and accommissions will disqualify me from employment or may render me lia			
	ny, for the purposes of assessing this application, ongoing personnel		
Signature:	Date:		
REFERENCES			
Please give the names of two people (one of which should be your for a reference.	present or most recent employer) whom we may approach		
Can we approach your current employer before an offer of employ	yment is made? YES NO		
Name:	Name:		
Position:	Position:		
Address:	Address:		
Tel.No:	Tel.No:		



## Individual hotels for individual people®

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Name							
Position applied for:							
Are you looking for:  Part time employment  Casual work - what days and hours are you available?							
Have you applied for employment with this Company before?  Yes No							
Do you need a work p	permit to take up emp	loyment in the UK?	Yes No				
If Yes, type:		Expiry date:					
Do you need accommodation?  Yes No							
From where / whom o	lid you hear of this vac	cancy?					
Please return this form to:							
OFFICE USE ONLY							
Date form received:	Regret:	1st Interview:	2nd Interview:	Appoint:			

## **Private & Confidential**

This form enables us to give careful consideration to your application and you are asked to answer all questions fully with the assurance that we shall observe the strictest confidence.

PERSONAL DETAILS	5				
Mr Miss Mrs	Ms		(Pleas	se complete this section in BLOCK CAPITALS	
Surname:			Previous Name:		
First name(s):					
Permanent Address:			Present Address (if different)		
Post	Code:		Post Code:		
Home Tel No:			Mobile Tel No:		
National Insurance No:					
What languages do you speak?				Level of competency	
Are you a member of any Professional organisations or associations?				YES NO	
Please name:				VES NO D	
Have you any convictions? (oth Rehabilitation of Offenders Act		victions under the		YES NO	
If YES, please give full details					
EDUCATION					
Schools since aged 11	From	То	Examinations & Resul	ts	
College or University	From	То	Courses & Results		
Further Formal Training	From	То	Diploma/Qualification	1	

Job Related Training Courses:  Name of Organisation		Date		Subject				
EMPLOYN	AENIT DE	FALLS						
Are you curren PRESENT/L	tly employed?	YES	NO					
From	То	Name, Address, Tele of Employer	Address, Telephone oyer		Position Held/Outline Duties		Final salary	
Reason for Leaving:			Period of Notice required:					
PREVIOUS	EMPLOYMI	ENT						
From	То	Name, Address, Telephone of Employer		Position Held F		Reason for I	Reason for Leaving	