

STAFF APPLICATION FORM

Have you any unspent criminal convictions (if yes, give details):

REFERENCES:

Name:	Name:
Address:	Address:
.....
Contact No.:	Contact No.:
Name:	Name:
Address:	Address:
.....
Contact No.:	Contact No.:
Registered Disabled YES / NO	Registration No.:

HEALTH QUESTIONNAIRE

Have you suffered from any of the following:	YES / NO	If YES state illness	Date
Typhoid			
Salmonella			
Hepatitis			
In the last 12 months have you had any diarrhoea or vomiting which lasted more than 24 hours?			
Septic discharges of the eyes, ears, or skin or septic throat infections in the last 12 months?			
Have you any close family or contacts suffered as the result of the above:			
If the answer to any of the above is yes, employee cannot commence employment until proof of suitability as a Food/Drink has been provided. Should the answer to the above be YES at any time in the future you will agree to inform your manager ASAP			

The details given on this application form are correct to the best of my knowledge and belief. I understand that no contact exists between me and the company until an offer of employment is conveyed to me. Engagement is subject to our obtaining references which we consider satisfactory.

Signed: Date:

<p>Manager only / questions you may be asked</p> <p>What attracted you to this position?</p> <p>What do you enjoy most about your present job?</p> <p>What do you see as your major strengths?</p> <p>Can you tell me about a particular problem you have experienced in your current job and how you solved it?</p> <p>What sort of things did you like in your current / previous position?</p> <p>What are the things you most want from a job?</p> <p>What are your long term objectives?</p> <p>What have been your major accomplishments in your current job?</p> <p>If you were offered this position when would you be able to start?</p>
<p>Job offered YES / NO 2nd Interview: Start Date:</p>

Manager's Signature:

BRITISH COUNTRY INNS STAFF APPLICATION FORM

Pub:

Address:

Date:

Surname:		First Name(s)		Married/Single
Date of birth:	Age:	Place of Birth:		
Address:		Address of Next of Kin:		
.....			
.....			
Tel:		Tel:		
Mobile:		Mobile:		
Contact:		Contact:		
Nationality:				

EDUCATION:

Schools attended from the age of 11:	From	To	Examinations
Further Education and Training:			

EMPLOYMENT

Present / Last Employer Address: Job / Requirements: Reason for Leaving:	Starting Date: Leaving Date: Job Title: Finishing Pay:
Previous Employer Address: Job / Requirements: Reason for Leaving:	Starting Date: Leaving Date: Job Title: Finishing Pay:
Previous Employer Address: Job / Requirements: Reason for Leaving:	Starting Date: Leaving Date: Job Title: Finishing Pay:

Managers Signature: