



The Royal Hotel

64-72 Coagh Street, Cookstown, Co Tyrone BT80 8NG

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Proprietor Stephen Thom

APPLICATION FORM

POSITION APPLIED FOR: Bar Person

REFERENCE NUMBER:

Candidate Guidance

Please complete this form and return to The Royal Hotel by close of business on 20th February 2017. Applications can be left in at reception or returned via email.

ONLY INFORMATION PROVIDED ON THIS APPLICATION FORM WILL BE CONSIDERED BY THE PANEL.

Curriculum vitae will not be accepted.

Candidates must outline clearly how their qualifications and experience meet both the essential and preferred requirements. All information given will be treated with the strictest confidence.

Continuation pages/sheets may be added as necessary.

APPLICANT DETAILS

Surname:

Telephone number (Home):

Forenames:

Telephone number (Mobile)

Telephone number (Work):

Address:

Email:

Postcode:

Do you have the right to work in the UK?

Yes

No

Note: the company will require proof of this right before an offer of employment can be confirmed

- eg. Passport or Official Documentation

confirming your National Insurance Number and your Full Birth Certificate

or any other appropriate document required to

confirm your right to work in the UK as required

by the Asylum and Immigration Act 1996

Do you have a valid, current driving licence?

Yes

No

Have you a car/ access to a car for business use?

Yes

No

1. EMPLOYMENT RECORD (Please list chronologically, starting with current or last employer)

Name and Address of Employer and Nature of Business:	From: To:	Job Title: Job Function/ Responsibilities:

2. TRAINING/EDUCATION/QUALIFICATIONS

Details of training courses attended / awards or qualifications achieved, including dates, if appropriate

3. ATTENDANCE

Please provide details of any absence from work you have had in the past 2 years. Please indicate the numbers of occasions, days and reasons

From To Reason

From To Reason

From To Reason

4. DISABILITY DISCRIMINATION ACT 1995

Section 1 of this Act describes a disabled person as a person with a 'physical or mental impairment which has a substantial or long-term effect on his/her ability to carry out normal day-to-day activities'.

Using this definition, would you consider yourself to be disabled? Yes No
(please tick as appropriate)

If yes, do you require any special arrangements to be made to assist you if called for interview?
Please provide details:

5. REFEREES

Please give the details of two work related referees, including your current or most recent post. Referees will not be contacted without your prior approval.

Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Telephone No.:	Telephone No.:
Email:	Email:
Nature of Relationship:	Nature of Relationship:

6. VERIFICATION OF INFORMATION

I certify that all information which I have provided is correct. I understand that any false information given may result in a job offer being withdrawn.

Signature: Date:

Please complete the separate monitoring form enclosed and return it in the envelope provided.

