



Country Inn at Welford-on-Avon

Application for Employment

The contents of this form are confidential and if your application is successful, they will form the basis of your records held at The Bell Inn, Binton Road, Welford upon Avon, CV37 8EB.

Position applied for:

National Insurance Number:

Surname:

Home address:

Mr/Mrs/Ms/Miss:

Other Names:

Date of Birth:

Post Code:

Home:

Mobile:

Marital Status:

Ages of children living with you:

Part-time applicants only Please give details of periods during the week when you can work:

Session	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

How would you get to and from work on these days?

When are you able to attend an interview?

When can you start work?

How did you hear of this vacancy?

Briefly, why you would like to work at The Bell Inn?

Please give details of any medical conditions which may effect your work (eg recurring symptoms such as fits or blackouts, ear infections, back pain)

Please give details of any unspent civil or criminal convictions against you:

Please give the name and address of two referees, at least one of whom should be a past or present employer, if you have worked before. (These will not be taken up unless and offer of employment at The Bell Inn is made.)

Name:	_____	Name:	_____
Address:	_____	Address:	_____
	_____		_____
Telephone number:	_____	Telephone number:	_____

Please enter your recent and previous employment details:

Employer's name & address	Date from:	Date to:	Job details:	Wage/salary	Reason for leaving

Please give any other information you consider would be relevant to this application, eg experience in the licensed and catering trade, or relevant qualifications:

Other Personal Particulars

We are committed to an equal opportunities policy in employment and welcome applications for jobs irrespective of disability, marital status, race or sex. To enable us to monitor this policy, this Application Form includes questions relating to these topics.

Please indicate to which of the following ethnic/racial group you belong:

African	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Oriental	<input type="checkbox"/>	UK/Europe	<input type="checkbox"/>	Other	<input type="checkbox"/>

If you are registered disabled, please give number: _____

Nature of disability: _____

Declaration

I hereby declare that this information I have given is true, to the best of my knowledge, and I understand that any future employment with The Bell Inn may be terminated if it is found to be incorrect.

Signature: _____ Date: _____