Job Application Form House Name - FARRINGTON INN Name: Address: National Insurance no. Date of Birth: **Contact Number:** Post applied for: Do you hold a full UK driving licence: Yes □ No □ Please indicate your available hours (Tick) Monday Tuesday Wednesday Thursday Saturday Friday Sunday Morning Afternoon Evening Please indicate 2 people who can provide references - one of whom should be your last / most recent employer Name: Name: Address: Address: Tel No. Tel No. Occupation: Occupation: Relation to Relation to applicant: applicant: Office use Office use Ref Ref

obtained:

Apple Tree Inns Ltd

obtained:

Employment History:

Date	Employer Name	Job Held	Reason For Leaving

Education

Please list all qualifications and any relevant experience obtained since and including secondary school:

Are there any in the UK?		which may aff No □	ect your right	to take up em	ployment				
If yes please list below:									
Do you requi	re a work per	mit to work in	the UK?	Yes □	No □				
Have you ever been convicted of a criminal offence? (excluding driving									
convictions a Details:	and spent con	victions):	Yes □	No □					
Data Protect	tion:								
The information provided on this form will be used to process your application and will be used in a confidential manner within the company.									
Declaration:									
I declare that the information given on this form is accurate and true. I understand that false information will disqualify me from employment or if appointed could result in my dismissal.									
Signed				Date					

Restrictions: