

# APPLICATION FOR EMPLOYMENT

Crown Spa Hotel  
Esplanade  
Scarborough  
North Yorkshire  
YO11 2AG  
Tel: 01723 357400  
Fax: 01723 357404



Crown Spa  
Esplanade  
Scarborough  
North Yorkshire  
YO11 2AG  
Tel: 01723 357480

## Crown Spa Hotel

Chariet Ltd Co No. 03193438

Please complete each section in capitals using black ink and return this form to the Crown Spa Hotel or office from which you obtained it. Please answer all questions.

The information which you give on this form will be treated as Strictly confidential and all or part may be contained in a computerised system in which case the requirements of the Data Protection Act will be complied with fully.

Return this form to:							
<b>GENERAL INFORMATION</b>							
What position are you applying for?							
Salary / Rate Expected:		Date available:	dd/mm/yyyy				
Have you applied to the company before? If 'Yes' give details below.	Yes		No				
<b>PERSONAL AND SOCIAL DETAILS</b>							
Mr/Mrs/Miss Ms		First Names					
Surname							
Address	Previous Name (if applicable)						
	Tel Home						
	Tel Mob						
	Nat. Ins. No						
Post Code	Marital Status		Single				
Birth Place	Married		Divorced				
Nationality	Widowed		Separated				
No of children and ages:							
Are you a member of any professional organisation or association?							

Please give details of your leisure interests, sports and hobbies and other pastimes.					
Do you hold a current Driving Licence?		Yes		No	
Do you own a car?		Yes		No	
Are there are any endorsements on your driving licence, if Yes Please give details below:		Yes		No	
Have you ever been convicted of a criminal offence, which is not spent as defined in the Rehabilitation of Offenders Act 1974? <b>For the purpose of this post you are required to provide this information.</b>		Yes		No	
If 'yes' please give details					
Will you require any reasonable adjustments to assist you during the interview process if you are successful?		Yes		No	If yes, please give details...
Do you have a friend or relative employed with this company? If Yes to above, please give details		Yes		No	
Are you in receipt of any benefits? if 'Yes' please give details:		Yes		No	

## GENERAL INFORMATION

If there are any other qualifications you have gained, or courses you have attended that you think we should know about please give details, for example, speeds or shorthand and typing and computer skills etc Please give Details Below:


What machines are you qualified to operate?

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The company's official language is English, What languages do you speak with what fluency?

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## EDUCATION (secondary and above)

From	To	Name and Address of School, College etc	Qualifications Gained

Are you still in full time education?

Yes

No

Are you over the age of 18 for the purpose of supplying alcohol by retail as per the licensing act 2003

Yes

No

**EMPLOYMENT**

From	To	Name and Address of Employer	Job Title	Duties	Rate Of Pay	Reason for Leaving
Notice period required with current employer?						



Are you a Non-British citizens and non European Economic Area National?		Yes		No	
Date of entry into the UK?		How long are you intending to stay in the UK?			
Do you have a Work Permit?		If yes, what type and number?			

**REFERENCES.** The Company requires references covering the last 5 years of employment. If you have not been in employment for this period then we require character/college references (no information will be sought from your present employer without your consent?)

Type of reference – School/College/Employer/Character - Please state which					
Name					
Address					
Postcode		Tel:			
Type of reference – School/College/Employer/Character					
Name					
Address					
Postcode		Tel:			
Type of reference – School/College/Employer/Character					
Name					
Address					
Postcode		Tel:			

**PERSONAL INFORMATION  
DECLARATION**

I understand that the completion of this form does not guarantee employment. I certify that all the information given on this form is true and accept that any mis-statement or suppression of material may mean the cancellation of any appointment, which is also made subject to the receipt of satisfactory references.

I consent to this information being held on file under the terms of the Data Protection Act 1998.

Applicant's Signature	
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Print Name	
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Date	
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Do you smoke? Please tick the appropriate box.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**NIGHT WORKERS**

I am aware of the need for adequate rest periods during the day when working at night and I will ensure that I get sufficient rest. I will not undertake alternative paid employment during the daytime which may have a detrimental effect on my ability to carry out my duties safely and efficiently.

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Applicants Signature	
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Print Name	
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Date	
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## FOOD HANDLERS DECLARATION

**To be completed by all applicants applying for Food handling positions which involve the preparation or service of food or beverages**

Are you aware of any medical problem you may have which may prevent you from carrying out duties as a good handler?	Yes		No	
Have you ever been advised by a Doctor to avoid handling food for any reason?	Yes		No	
Have you now, or have you over the last six months suffered from diarrhoea and/or vomiting which has lasted for more than two days?	Yes		No	
Have you ever had any of the following:	Yes	No	How long off work	
Typhoid, Paratyphoid or Enteric Fevers?				
Food Poisoning?				
Dysentery?				
Tuberculosis?				
Tropical Diseases?				
Have you suffered from any of the following within the past two years:	Yes	No	How long off work	
Chronic Bronchitis with spit?				
Recurrent boils/septic fingers?				
Discharge from ear?				
Discharge from eye?				
Discharge from nose?				
In the last 21 days, have you been in contact with anyone, home or abroad, who may have been suffering from typhoid or paratyphoid?	Yes		No	
If you have answered 'Yes' to any of the above, please give details: (this will not necessarily exclude you from employment.)				
May we contact your Doctor to clarify any points which may arise from this Questionnaire?	Yes		No	



## FOOD HANDLERS DECLARATION

I agree to report to my Head of Department or their Deputy as soon as possible (by telephoning if necessary).

1. If I suffer an illness involving:

a) Vomiting

b) Diarrhoea

c) Septic skin lesions (boils, infected cuts etc, however small)

d) Discharge from ear, eye, nose or any other site.

2. After returning to, but before restarting work, following an illness involving vomiting and/or any of the above conditions.

3. After returning from holiday during which an attack of vomiting and/or diarrhoea lasted for two days or more.

4. If any member of my household is suffering from diarrhoea and/or vomiting.

Applicants Signature	
Print Name	
Date	

### PROOF OF ELIGIBILITY

**Under Section 8 of the Immigration Act we are required to check that all employees are eligible to work within the UK. Please confirm that, if you are offered a position within our organisation, which of the document(s) you would be prepared to supply to us and allow us to check and make a copy. You MUST include either: One document from List One OR Two documents from One of the Combinations in List Two**

• A British Citizen passport.	
• A passport or national identity card issued by a State which is a party to the EEAA (European Economic Area Agreement) or Switzerland, describing the holder as a national of that State.	
• A Home Office issued residence permit to a national from a State which is a party to the EEAA or Switzerland.	
• A passport or other document endorsed and issued by the Home Office stating that the holder has a current right of residence in the United Kingdom as the family member of a named national of a State party to the EEAA or Switzerland who is resident in the United Kingdom.	
• A passport or other travel document endorsed showing the holders entitlement to indefinite stay in the United Kingdom, or no restrictions on the length of stay.	
• A passport or other travel document endorsed to show that the holder can stay in the United Kingdom; and that this endorsement allows the holder to do type of work you are offering if they do not have a work permit.	
• A Home Office issued Application Registration Card for the asylum seeker stating that the holder is permitted to take employment.	

#### OR ALTERNATIVELY

1. <b>A document giving the person's permanent National Insurance Number and name. This could be: P45, P60, National Insurance Card, or a letter from a Government Agency.</b>	
2. A full Birth Certificate issued in the United Kingdom, which must include the names of the holder's parents.	
3. A Channel Islands, Isle of Man or Ireland issued Birth Certificate.	
4. A Registration or Naturalisation Certificate confirming the holder is a British Citizen.	
5. A Home Office issued letter to the holder confirming that the named person is entitled to indefinite stay in the United Kingdom, or has no time restriction on their stay.	
6. A Home Office issued Immigration Status Document to the holder, which is endorsed confirming the named person is entitled to indefinite stay in the United Kingdom, or has no time restriction on their stay.	
7. A Home Office issued letter to the holder confirming that the named person is entitled to stay in the United Kingdom, and this allows them to undertake the type of work you are offering.	
8. A Home Office issued Immigration Status Document to the holder, which is endorsed confirming the named person is entitled to stay in the United Kingdom, and this allows them to undertake the type of work you are offering.	

#### OR ALTERNATIVELY

1. <b>Work Permit or other approval to take employment issued by Work Permits UK</b>	
2. Passport or other travel document endorsed, showing the holders entitlement to stay in the United Kingdom and can take the work permit employment in question.	
3. A Home Office issued letter to the holder confirming that the named person is entitled to stay in the United Kingdom, and can take the work permit employment in question.	

**DECLARATION**  
**(Please read this carefully before signing the application)**

I confirm the above information is complete and correct.  
***Any offer of appointment may be withdrawn if you knowingly withhold information, or provide false or misleading information.***

If your application is successful, your employment may be terminated should any subsequent information come to light once you have been appointed.

If my Application for Employment is successful, I authorise you to contact my doctor for further details and confirmation of my state of health.

If my Application for Employment is successful, I agree to undergo a medical examination if this is required to ensure my suitability to carry out my duties and for provision of medical information as part of an occupational health scheme or private medical insurance scheme.  
I have given my explicit consent freely.

I authorise you to contact the above two stated referees.

Signed :

Dated :

**Disclosure & Barring Service (DBS) Disclosure Document & Registration**

Any position which requires, as part of normal duties, caring for, training, supervising or being in sole charge of children or vulnerable adults will require Disclosure & Barring (DBS) checks to be undertaken, including provision of a suitable disclosure document.

The Protection of Children Act, the Protection of Vulnerable Adults Act and the Safeguarding Vulnerable Groups Act, as amended, will apply in this case.  
Please confirm your acceptance of this by signing below.

\*\*\*Delete as appropriate\*\*\*

For the purpose of this post you are / are not required to undertake a DBS check, therefore you must / need not sign below.

Signed: .....

Date: .....

## INTERVIEWERS NOTES

<b>NAME OF APPLICANT:</b>			
<b>POSITION APPLIED FOR:</b>			
Rejection letter – Yes		: No	If yes – date sent:
Reasons for rejection /acceptance for interview:			
First interview date:		Rejection letter : 2nd Interview	
Notes on First interview:			
Appearance	1 2 3 4 5	Speech	1 2 3 4 5
Articulation	1 2 3 4 5	Numerate	1 2 3 4 5
Experience	1 2 3 4 5	Intelligence	1 2 3 4 5
Personality	1 2 3 4 5	Co-operation 1 2 3 4 5	
Interviewer 1 Signature			
Interviewer 1 Print Name			
Interviewer 2 Signature			
Interviewer 2 Print Name			
Second interview date:		Rejection Letter : Offer letter	
Notes on Second interview:			
Interviewer 1 Signature			
Interviewer 1 Print Name			
Interviewer 2 Signature			
Interviewer 2 Print Name			
<b>Acceptance</b>		YES	NO
Proof of Eligibility of UK Employment – Doc 1			<i>Checked</i>
Proof of Eligibility of UK Employment – Doc 2			<i>Checked</i>
<b>References</b>		YES	NO
<b>Medical</b>		YES	NO
<b>CRB Clearance Required</b>		Yes	No
		<b>IF "YES", confirm receipt of Suitable Disclosure Document</b>	
<b>Start Date</b>			

