



STAFF APPLICATION FORM

In order to give your application full consideration would you please complete the enclosed questions

NAME:

Please tell us a telephone number where you can be contacted:

DAYTIME:

EVENING:

CONFIDENTIAL

PLEASE USE BLOCK LETTERS THROUGHOUT

Preferred Position(s):

When are you able to start?:

(Mr/Mrs/Miss):

DOB:

AGE NOW:

Name;

NI NO:

Address:

Contact Number:

Email:

Driving Licence: Y/N

LIST DETAILS OF CURRENT JOB BELOW:

Employers Name & Address	Dates		Job Title	Reason for Leaving	Wage
	From	To			



LIST OF PREVIOUS EMPLOYMENT HISTORY BELOW:

Employers Name & Address	Dates From	To	Job Title	Reason For Leaving	Wage

THE COMPANY RESERVES THE RIGHT TO CONTACT PREVIOUS EMPLOYERS FOR REFERENCES

Can you provide 2 References?

1. Name / Email / Tel No / Position

2. Name / Email / Tel No / Position

LIST ANY SPECIAL QUALIFICATIONS YOU HAVE:



ARE YOU A QUALIFIED FIRST AID PERSON? YES/NO

HOW WILL YOU TRAVEL TO AND FROM WORK?

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENCE?
OR HAVE A CASE PENDING? YES/NO
IF YES, GIVE DETAILS:-

HAVE YOU EVER WORKED IN THIS PUB BEFORE?
IF YES, PLEASE GIVE DETAILS YES/NO

HAVE YOU EVER WORKED IN LICENSED PREMISES BEFORE?
IF YES, PLEASE GIVE DETAILS YES/NO

POSITION

DATE EMPLOYED - FROM TO

HAVE YOU EVER SERVED DRINK OR FOOD TO CUSTOMERS BEFORE? YES/NO
IF YES, PLEASE GIVE DETAILS

HAVE YOU EVER HANDLED CASH WITH CUSTOMERS BEFORE?
IF YES, PLEASE GIVE DETAILS YES/NO

HAVE YOU HAD ANY TRAINING WITH OTHER COMPANIES ON CUSTOMER
CARE AND SERVICE? YES/NO
IF YES, PLEASE GIVE DETAILS

TELL US WHAT YOU LIKE TO DO WHEN YOU ARE NOT WORKING?



WORKING TIMES

Opening hours may vary each day - Monday to Sunday
If you could choose the hours you wanted to work what would they be?
Please write them below next to the day

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

Are there any days or times that you definitely would not be able to come to work?
(e.g. Weekend/Bank Holidays/School Holidays) If YES please give details:-

To the best of my knowledge the information I have given is complete and correct.
I agree that any misrepresentation made by me will result in the cancellation of my
application and termination of any employment with the Company.

Signed:

Date:

FOR OFFICIAL USE ONLY

Interviewed By:

Comments:

Date:

