

# Application for Employment



Please complete in **CAPITALS** using blue or black ink

<b>PERSONAL DETAILS</b>	<b>Position(s) applied for</b>		<b>Preferred Locations</b>	
	1		1	
	2		2	
	3		3	
	Please indicate dates when you are not available for an interview			
	<b>Title</b> (please delete)      Mr / Mrs / Miss / Ms		<b>Perm</b> <input type="checkbox"/>	<b>Seasonal</b> <input type="checkbox"/>
	Surname		Forename(s)	
	Known as		National Insurance Number	
	Permanent Address		Do you hold a Driving Licence?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
			If Yes, what kind?    Full <input type="checkbox"/> Provisional <input type="checkbox"/>	
	Postcode			
Telephone Number				
<b>Please note</b> - in order to live on Centre, you must be aged 18 and over		Are you over 18?    Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>EDUCATION</b>	From	To	Secondary School/College	Examinations/Courses	Level	Grade

<b>QUALIFICATIONS</b>	Year Taken	Examinations/Courses/Apprenticeship	Grade

Are you a member of any professional organisation?

Do you have any additional skills (eg sign language, second language etc)

CURRENT / PREVIOUS EMPLOYMENT (including unemployment)	From	To	Employer's Name and Address	Job Title	Duties & Responsibilities	Annual Salary	Reason for Leaving

Please ensure dates are continuous and give reasons for any gaps in employment. Continue on a separate sheet if necessary.

Please give details of any community or voluntary experience

GENERAL INFORMATION	<b>APPLICATION</b> Do you wish your application to be considered with another? If Yes, please give details of the other applicant		<b>NOTICE AND AVAILABILITY</b> Do you need to provide notice? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Name		If YES, how much? From	
	Address		Please state when you would be available to start work	
	Telephone Number			
	<b>HOLIDAYS</b> Do you have any holidays booked? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If YES please give details...			
	<b>ALTERNATIVE POSITION(S)</b>			
If offered a position with Pontin's, will you continue to work in any other capacity? If so, please give details (this is to ensure our employer responsibilities under the 'Working Time Directive').				
<b>WORK PERMIT</b>		<b>WORK / ACCOMMODATION</b>		
Do you need a Work permit? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you interested in Full or Part-Time work? Full <input type="checkbox"/> Part <input type="checkbox"/>		
If Yes, do you currently hold a valid Work Permit? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you require Live-In accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>SOURCE OF APPLICATION</b>				
How did you find out about this application? Job Centre <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Friend <input type="checkbox"/>				
Other (please specify) <input type="text"/>				

**EQUAL OPPORTUNITIES**

We are an equal opportunities employer and all applicants who have a disability are guaranteed an interview, provided they meet the basic criteria for the job. Do you need assistance in your application for this position? (please tick)

Written Stage  Interview Stage  Please specify (if applicable) what assistance you may need

Pontin's is committed to the promotion of equal opportunity in its employment policy, practices and procedures. To ensure that our policy is as effective as possible, please answer the following question.

I would describe my race or cultural origin as (please tick one box only)

White  Caribbean Black  African  Black other  Irish  Indian  Pakistani

Bangladeshi  Chinese  Any other race or ethnic groups (please describe)

**MEDICAL INFORMATION**

Information about any illness or disability you have will help us to monitor not only the effectiveness of our Equal Opportunities policy, but also enable us to take practical steps to ensure the appropriate facilities are available for you, both during the selection process and if you commence employment with us.

Are you restricted for medical or other reasons from carrying out any specific type of work? Yes  No

If YES, please give details (if necessary, we may ask you to attend a medical before confirming a final offer of employment)

What assistance, if any, may you need in carrying out the duties of this post?

Please give details of your next of kin who can be contacted in an emergency

Name	Relationship
Address	
Telephone Number Home	Telephone Number Work

**IMPORTANT NOTES**

The work for which you are applying may involve substantial opportunity for access to children and/or vulnerable adults. It is therefore exempt from the Rehabilitation of Offenders Act 1974. You are therefore required to declare any pending prosecutions or conditions you may have, even if they would otherwise be regarded as 'spent' under this Act, and any cautions or bind-overs. The information you give will be treated in confidence and will only be taken into account in relation to any application where the exemption applies.

1. Have you ever been convicted of any criminal offence? Yes No

If YES, please give details ...

2. Have you ever received a caution? Yes No

3. Are you facing any criminal prosecutions? Yes No

Please be advised, if you are successful, you will be required to provide your agreement for the company, under arrangements introduced for the protection of children and vulnerable adults, to check with the police for the existence and content of any criminal record.

Please make sure that you fill out all the form as thoroughly and as fully as possible and remember to sign it at the end. Have you checked that you have completed the References Section, and CLEARLY STATED WHICH POSITION IT IS THAT YOU ARE INTERESTED IN?

**REFERENCES**

Please provide the names and addresses of two people that we can write to for employment references, from either your last or current job. If you have not worked for five years, please give details of two people (relatives will NOT be accepted), who have known you for at least two years and would give you a personal reference. If you have recently finished studying, one of your referees should be a tutor or head teacher. References will only be taken up with your permission and all offers of employment are subject to receipt of satisfactory references.

You can attach them to this form if you have them already...

Name	Name
Position Held	Position Held
Occupation	Occupation
Address	Address
Postcode	Postcode
Telephone Number	Telephone Number
In what capacity do you know the applicant? (ie Employer, Tutor etc.)	In what capacity do you know the applicant? (ie Employer, Tutor etc.)

**DECLARATION**

I understand that Pontin's may hold information about me for personnel reasons. This information can be stored in both manual and/or computer form. I confirm that the information on this form and any attachments is correct and complete. I understand that any information discovered to be incorrect may result in the termination of any agreements made.

Name	
Signed	Date

PLEASE RETURN COMPLETED FORM TO:



**FOR OFFICE USE ONLY**

Action plan for selection processes