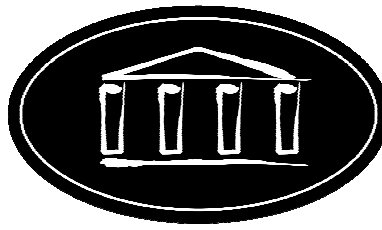


APPLICATION FOR EMPLOYMENT

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 fill out the light blue shaded areas.

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:							
GENERAL INFORMATION							
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				
PERSONAL AND SOCIAL DETAILS							
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?							

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?

--

What languages do you speak and with what fluency?

--

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?			
Date 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	
Print Name	
Date	

HEALTH ASSESSMENT

To be completed by all applicants.

Name and address of your own General Practitioner

Doctor	
Address	

MEDICAL HISTORY

Have you ever had any of the following conditions? If the answer is Yes please tick.

Allergy (to any drugs or handling any substance)	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Dizziness	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	Rheumatism	<input type="checkbox"/>
Back Trouble	<input type="checkbox"/>	Ear Trouble	<input type="checkbox"/>	Joint Trouble	<input type="checkbox"/>	Skin Trouble, eg Dermatitis	<input type="checkbox"/>
Bowel Trouble	<input type="checkbox"/>	Fainting Attacks	<input type="checkbox"/>	Kidney Trouble	<input type="checkbox"/>	Stomach Trouble	<input type="checkbox"/>
Breathlessness	<input type="checkbox"/>	Fits/Blackouts/ Epilepsy	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	Stomach Ulcer	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	Nervous Trouble	<input type="checkbox"/>	Stress	<input type="checkbox"/>
Chest Pain	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	Swollen Legs	<input type="checkbox"/>
Depressive Illness	<input type="checkbox"/>	Hernia/Rupture	<input type="checkbox"/>	Repetitive Stress or Strain Injury	<input type="checkbox"/>	Varicose Veins	<input type="checkbox"/>

No I have not suffered from any of the above conditions (tick opposite box)

If the answer to any of the above questions is 'Yes' please give details below

Please indicate the nature of any accidents, e.g. Broken Bones in the past five years. (if none write "none")				
Are you receiving any medication currently and/or regularly? If 'Yes' please give details.	Yes		No	
Please list all absences from work in the past 12 months and reasons for such absences below. (if none write "none")				
Have you had an illness, accident or operation in the past five years, which caused you to be off for two weeks or more? If 'Yes' please give details.	Yes		No	
Do you suffer from any defect of sight? If 'Yes' please give details.	Yes		No	
Do you suffer from defect of hearing? If 'Yes' please give details.	Yes		No	
Have you ever injured your back? If 'Yes' please give details.	Yes		No	
Are you afraid of heights or confined spaces? If 'Yes' please give details.	Yes		No	
Have you received treatment for a nervous disorder? If 'Yes' please give details.	Yes		No	

Have you any condition requiring treatment at present? If 'Yes' please give details	Yes		No	
Do you have a disability within the meaning of the Disability Discrimination Act 1995? (This means any physical or mental impairment, which has lasted or is expected to last at least 12 months and which substantially, affects your ability to carry out normal day to day activities.) If 'Yes' please give details	Yes		No	
Do you smoke? Please tick the appropriate box.	Yes		No	

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.

HEALTH ASSESSMENT & HISTORY DECLARATION

I agree to report to my Head of Department or their Deputy should any symptoms occur during the course of the year of any or the aforementioned.

I declare that the information I have given on this document is to the best of my knowledge, a true and complete account of my medical history, and that any failure to disclose details of my medical history may prejudice my employment.

Applicants Signature	
Print Name	
Date	

FOOD HANDLERS DECLARATION

To be completed by all applicants applying for 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. 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.	
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. Work Permit or other approval to take employment issued by Work Permits UK	
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 and any untrue or misleading information will give my employer the right to terminate any employment contract offered.	
I authorise you to contact my doctor for further details and confirmation of my state of health.	
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 :

Criminal Records Bureau (CRB) – Disclosure Document	
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 a Criminal Records Bureau (CRB) check to be undertaken and provision of a suitable disclosure document. The Protection of Children Act and the Protection of Vulnerable Adults Act will apply in this case.	
Please confirm your acceptance of this check by signing below.	
Delete as appropriate	
For the purpose of this post you are / are not required to undertake a CRB check therefore must / must not sign below.	
Signed: Date:	

INTERVIEWERS NOTES

NAME OF APPLICANT:				
POSITION APPLIED FOR:				
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				
Acceptance		YES		NO
Proof of Eligibility of UK Employment – Doc 1				<i>Checked</i>
Proof of Eligibility of UK Employment – Doc 2				<i>Checked</i>
References		YES		NO
Medical		YES		NO
CRB Clearance Required	Yes	No	IF “YES”, confirm receipt of Suitable Disclosure Document	
Start Date				

