

Peri's Leisure

Staff Application Form

First Name:		Surname:		D.O.B:	/	/
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Address:		Home Tel:	
		Mobile:	
Post Code:		Venue Applied for	MERCY / ROCCO'S
		Position Applied for:	

Previous Employment	Dates		Position held and description of duties	Reason for leaving
	From	To		

School / College / University Attended	Dates		Qualifications gained or courses studied
	From	To	

Would you have any objections to wearing noise protection ear plugs while at work		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you consider yourself disabled under the Disability Discrimination Act		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
Would you require assistance to:		<input checked="" type="checkbox"/> Attend an interview <input type="checkbox"/> Carry out the job <input type="checkbox"/>	
Have you ever been convicted of a criminal offence that is not a spent conviction under the Rehabilitation of Offenders Act 1974		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, please confirm the conviction, date and sentence			
How did you hear about the vacancy			
Do you have a valid driving licence	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	How will you get to/from work	
Do you require a work permit to work in the UK		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	

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Quick Fire Questions !!!!!

Please answer these questions with the first thought that comes into your head!

What's your favourite drink

If you were stuck in a lift with someone, who would you want that person to be and why

What's your biggest strength ?

What's your biggest weakness ?

Describe yourself in three words

1

2

3

Why You ?

Please tell us a little about why you feel you are the right person for the job.

References

*Please give us details of two referees we can contact for a reference.
One should be your current or most recent employer.*

Name

Address

Telephone

Relationship to you

Name

Address

Telephone

Relationship to you

Declaration

I confirm that the information provided above is true to the best of my knowledge and belief. I further understand that if an offer of employment is made and false information has been given, the offer of employment may be revoked, or if employment had commenced then it may be terminated.

Signed

Print Name

Date

MANAGEMENT ONLY

Venue ROC MER

Pos Ba / GI / CL / RE / Hos / Wait / Oth

Notes

Start Date / /

Interviewed by SG / TH / PM / AG / DF / AM