

EMPLOYMENT APPLICATION FORM



Cruachan Hotel

Achintore Road
Fort William, PH33 6RQ
☎ 01397-702022 ☎ 01397-702239
🌐 www.cruachanhotel.com
✉ stay@cruachanhotel.co.uk

Date of Application

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Location applied for:

Position applied for:

Date available:

How long available:

PERSONAL DETAILS * (Delete as necessary)

Surname: (Mr / Mrs / Miss*)

Do you prefer to: LIVE IN / OUT *

First Name:

Date of Birth:

Full Address:

Place of Birth:

Nationality:

Do you require a work permit? YES / NO *

Tel No.:

Mobile:

If "YES": Duration

Name & Address of next of kin (to notify in case of emergency)

NI No.:

Have you any unspent criminal convictions? YES / NO *

Parental Leave: (Insert number of days taken below)

Tel No.:

Mobile:

Total to date:

Total this year:

Have you had any serious physical/mental illness/operations in the past five years? YES / NO *

If "YES" please provide details:

Is this defined by the Disability Discrimination Act?

YES / NO *

(References will be applied for, unless otherwise stated.)

1) PRESENT OR LAST EMPLOYER:

Company Name

Address:

Position:

Rate of pay:

Employed from:

Employed to:

Reason for leaving:

2) PREVIOUS EMPLOYER:

Company Name

Address:

Position:

Rate of pay:

Employed from:

Employed to:

Reason for leaving:

3) PREVIOUS EMPLOYER:

Company Name

Address:

Position:

Rate of pay:

Employed from:

Employed to:

Reason for leaving:

EDUCATION and TRAINING: (Details of related courses / Industrial Release)

Name and Address of School/College:

Qualifications:

Professional Qualifications Passed:

ADDITIONAL EXPERIENCE or QUALIFICATIONS relevant to your application:

INTERESTS / HOBBIES

ACHIEVEMENTS

AMBITIONS:

MONITORING OF EQUAL OPPORTUNITIES POLICY:

Choice Hotels Europe is an Equal Opportunities employer. To assist in ensuring that everyone applying for employment is treated fairly, and for that purpose only, please the appropriate box.

- White Bangladeshi Black - Caribbean Black - African Black - Other (Please specify)
- Irish Pakistani Indian Chinese Other (Please specify)

To comply with the Working Time Regulations, I agree to advise the company in writing, prior to any other work being undertaken, or if currently employed elsewhere, to confirm the number of hours and days involved.

I declare that the above is a true and factual statement of the information given above, and that employment, or continuity of employment will be subject to the receipt of satisfactory references.

APPLICANTS SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

Date of commencement:

Position:

Rate of Pay:

References

1) SENT

2) SENT

3) SENT

(Per. Hour / Weekly / 4 Weekly / Monthly)

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INTERVIEWERS NAME:

SIGNATURE:

DATE: