

APPLICATION FOR EMPLOYMENT



POST APPLIED FOR:

DATE OF APPLICATION: SALARY SOUGHT:

HOW DID YOU HEAR ABOUT THIS POSITION?

TITLE: Mr / Mrs / Miss / Ms
SURNAME:
FIRST NAME(S):
PREFERRED FIRST NAME:
PREVIOUS SURNAME(S):

TELEPHONE HOME:
TELEPHONE WORK:
Can we call you at work: YES / NO
MOBILE:
E-MAIL:

ADDRESS:

POSTCODE:

DATE OF BIRTH: / / N.I NUMBER:

Do you hold a current driving licence? YES / NO
Do you have your own transport? YES / NO
Do you have any endorsements? YES / NO
(Current or Pending)

CAR MOTORBIKE OTHER:
CAR MOTORBIKE OTHER:
If yes please give details:

If you are not British, do you hold a current work permit? YES / NO
If yes please give details:

*Have you ever been convicted of any criminal offence? YES / NO
(Declaration subject to the Rehabilitation of Offenders Act 1995)
If yes please give details:

Have you ever been declared bankrupt or have any outstanding Court Judgements for debt? YES / NO
If yes please give details:

EDUCATION AND TRAINING

SECONDARY / FURTHER EDUCATION

| Name & Location: | From | To | Qualification | Grade |
|------------------|------|----|---------------|-------|
| | | | | |

HIGHER EDUCATION / PROFESSIONAL QUALIFICATIONS (including those currently being studied for)

| Name & Location: | From | To | Qualification | Grade |
|------------------|------|----|---------------|-------|
| | | | | |

MEMBERSHIP OF PROFESSIONAL BODIES

Name of Body: Certificate / Registration / PIN No:

• As a member of staff at either of our facilities or head office you are required to disclose any spent convictions (Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Under 1986). Failure to disclose spent convictions will result in any offer of employment being withdrawn or your employment being terminated.



CAREER HISTORY

Have you been previously employed or applied for employment with us?

YES / NO

If yes, please state when and which position you held:

Have you friends / relatives who have previously worked or are currently working for us?

YES / NO

If yes, please give their name(s) and position in the company:

Have you at any time been suspended or dismissed from employment?

YES / NO

If yes, please give details:

CURRENT / MOST RECENT POSITION

EMPLOYER'S NAME:

CONTACT NAME:

FULL POSTAL ADDRESS:

From:

To:

Job Title:

Final Salary: £

Please give a brief description of your responsibilities:

Reason for leaving:

May be contacted now:

YES / NO

Notice to be given:

PREVIOUS EMPLOYMENT OVER THE *LAST 10 YEARS* (including periods of unemployment, career breaks, etc.)

References may be taken up prior to interview unless you indicate otherwise. Please continue on a separate sheet if necessary.

| Employer's Name & Address | Job Title & Main Responsibilities | From | To | Reason For Leaving | | |
|--|-----------------------------------|------|----|--------------------|---|--|
| Contact Name: Organisation: Full Postal Address: Telephone: | | M | Y | M | Y | MAY BE CONTACTED NOW FOR REFERENCE Y / N |
| Contact Name: Organisation: Full Postal Address: Telephone: | | M | Y | M | Y | MAY BE CONTACTED NOW FOR REFERENCE Y / N |

EMPLOYMENT CONTINUED

| Employer's Name & Address | Job Title & Main Responsibilities | From | To | Reason For Leaving | | |
|--|-----------------------------------|------|----|--------------------|---|--|
| | | M | Y | M | Y | |
| Contact Name: Organisation: Full Postal Address: Telephone: | | | | | MAY BE CONTACTED NOW FOR REFERENCE Y/ N | |
| Contact Name: Organisation: Full Postal Address: Telephone: | | | | | MAY BE CONTACTED NOW FOR REFERENCE Y/ N | |
| Contact Name: Organisation: Full Postal Address: Telephone: | | | | | MAY BE CONTACTED NOW FOR REFERENCE Y/ N | |
| Contact Name: Organisation: Full Postal Address: Telephone: | | | | | MAY BE CONTACTED NOW FOR REFERENCE Y/ N | |

***PERSONAL REFEREE (1):**

Contact Name:

Full Postal Address:

Telephone:

Relationship:

***PERSONAL REFEREE (2):**

Contact Name:

Full Postal Address:

Telephone:

Relationship:

***Must have known applicant for at least 2 years.**

RELEVANT TRAINING & EXPERIENCE (Please include any other skills, experience and personal qualities that you would bring to the Holiday Group of companies and how they would relate to the position you have applied for. Please continue on a separate sheet if necessary).

HOBBIES & INTERESTS



EQUAL OPPORTUNITIES POLICY

| | |
|-------|-------------------|
| NAME: | POST APPLIED FOR: |
|-------|-------------------|

The Holiday Group of companies is committed to developing policies to promote equal opportunities in employment and to the elimination of unlawful or unfair discrimination on the grounds of an employee's gender, sexual orientation, age, parental or marital status, religious beliefs, ethnic or national origin, race, colour or disability.

In order to assist us with monitoring the effectiveness of our Equal Opportunities Policy, you are requested to provide the following. Any information you give us will be handled in a strictly confidential manner and will not be used at any stage to determine suitability for the post.

SECTION 1

Ethnic origin questions are not about nationality, place of birth or citizenship, they are about colour and broad ethnic group. UK citizens can belong to any of the groups included.

I would best describe my cultural and ethnic origin as:

| | |
|--|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> White Other (tick & please state below) | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Black British | <input type="checkbox"/> White & Black Caribbean |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> White & Asian |
| <input type="checkbox"/> African | <input type="checkbox"/> White & Black African |
| <input type="checkbox"/> Black Other (tick & please state below) | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Other (tick & please state below) |

Other:

Gender Male
 Female

Status Single Married Separated
 Divorced Widowed Living with Partner

Do you have any domestic responsibility for children / other dependants? YES / NO

If yes, how many?

Age of children:

Do you have or have you ever had a disability? YES / NO (Including Asthma, Diabetes, Dyslexia and Epilepsy)
If yes, please complete Section 2.



SECTION 2

The Disability Discrimination Act 1995 protects employees, job applicants and contract workers who fall within the new definition of disability.

Under this legislation, the Act defines disability to include those who currently have a disability and those who have had a disability in the past. This can include a physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. Long term is taken to mean lasting for a period of greater than twelve months.

This section has been designed in conjunction with the Equal Opportunities Policy and the Disability Discrimination Act 1995. It is necessary for monitoring the effectiveness of the policy and our recruitment procedures and for consideration to be given to any specific support you may require because of your disability.

Please answer the following question:

Under the definition within the Disability Discrimination Act 1995, what type of disability do / did you have?

| | |
|--|--|
| <input type="checkbox"/> Blind / partially sighted | <input type="checkbox"/> Deaf / partial hearing |
| <input type="checkbox"/> Wheelchair use | <input type="checkbox"/> Other mobility problems |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Mental health problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Other (please state) <input type="text"/> |

Do you need any consideration for access, specialist equipment or support to assist you in completing your duties?

YES / NO If yes, please give details:

Do you require any special arrangement / assistance if you are invited for interview?

YES / NO If yes, please give details:

MEDICAL DETAILS

Please give details of any illnesses that have lasted 1 week or more and have caused you to see your doctor in the last two years.

| Date | Nature of Illness | Duration |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Are you receiving any treatment at the moment? YES / NO

If yes, please give details:

How many sick days have you taken in the last two years?

EMERGENCY CONTACT

Please give details of a person who we can contact in an emergency.

| | |
|----------|-----------------|
| NAME: | TELEPHONE HOME: |
| ADDRESS: | TELEPHONE WORK: |
| | MOBILE: |

RELATIONSHIP TO APPLICANT

Thank you for your assistance

Signature

Name

Date



DATA PROTECTION STATEMENT

Holiday Retirement Management Limited and its Group companies will use the information supplied on the application form for the purpose of selection, benefits administration and internal marketing, in accordance with the Data Protection Act 1998.

By returning this form you consent to us disclosing your sensitive personal data to our service providers and agents for these purposes. You also consent to our processing your information to countries that do not provide the same level of data protection as the UK, if necessary for the above purpose. If we do make such a transfer we will put a contract in place to ensure that your information is protected. The monitoring forms will be used to assess the response to the advertisements and to track our equal opportunities policy only.

By returning this form, if unsuccessful in your application for this position, you consent to your details being retained on file for a period of six months or more in the event of a further suitable vacancy becoming available, unless you indicate otherwise. You also have the right to ask for a copy of your information and to correct any inaccuracies.

DECLARATION

Should this application be successful I agree to supply documentary evidence as requested i.e. Original Birth, Marriage Certificates, Work Permit, Passport, etc that may be necessary to process my application for employment.

I understand that all information supplied on this application form will be kept strictly confidential and will only be used for the purpose of selection and administration. The information I have given in this application is, to the best of my knowledge true and accurate. I accept that any false statements may be sufficient cause for rejection or if employed dismissal.

Signature

Date

For Interviewer's use only:

Interviewer

Date

| | Poor | Fair | Good | Very Good | Excellent |
|--------------------------|------|------|------|-----------|-----------|
| Appearance | | | | | |
| Communication | | | | | |
| Experience | | | | | |
| Knowledge | | | | | |
| Personality / Enthusiasm | | | | | |
| Overall Impression | | | | | |

Comments

2nd Interview (if applicable)

Interviewer

Date

Comments