



HOTEL BAR RESTAURANT

Application for Employment

8. Work History

Employer	Position Held	Reason For Leaving

9. Education & Training

School/ College/ University etc attended	Qualifications gained or course studied

10. Do you consider yourself disabled under the Disability Act? Yes No

Do you require any particular arrangements for an interview? Yes No

Do you take any prescribed medication?	Yes	No
Have you had any time off in the last 12 months due to sickness or injury?	Yes	No
If yes please state:		
.....		

11. References

1	2
Telephone No.	Telephone No.
Occupation	Occupation

DECLARATION

12. I confirm that, to the best of my knowledge, the information given on this form is correct.

Signed

Date