

NORTH SHORE GOLF CLUB (SKEGNESS) LTD

North Shore Hotel, North Shore Road, Skegness, Lincolnshire, PE25 1DN, United Kingdom

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE IN BLOCK CAPITALS AND DELETE WHERE APPROPRIATE

SURNAME: _____ FIRST NAMES: _____

ADDRESS: _____

_____ POST CODE _____

POSITION APPLYING FOR: _____

OWNER / TENANT / LIVING WITH PARENTS

TELEPHONE NUMBER: HOME _____ BUSINESS _____

DATE OF BIRTH: _____ PLACE OF BIRTH _____

MALE / FEMALE

SINGLE / MARRIED / DIVORCED / WIDOWED

NUMBER AND AGES OF DEPENDENT CHILDREN _____

DO YOU HOLD A CURRENT DRIVING LICENCE YES / NO

HAVE YOU EVER BEEN DISQUALIFIED FROM DRIVING YES / NO
IF YES - PLEASE GIVE DETAILS

ARE YOU DISABLED YES / NO. IF REGISTERED - NUMBER _____

HEALTH: Please give details of any illness which you have had together with dates of any periods spent in hospital.

DO YOU SMOKE, DRINK OR NEED TO TAKE DRUGS OR OTHER MEDICATION (Prescribed or otherwise) YES / NO IF YES PLEASE GIVE DETAILS:

Do you have any medical condition or conditions that may limit the normal range of duties required to be undertaken or may endanger health if the condition is not disclosed at the start of employment, eg. colour blindness, dyslexia, epilepsy, pregnancy etc

(NB: the above list is not exhaustive) YES/NO IF YES PLEASE GIVE DETAILS:

EDUCATION: Please give details of schools, colleges etc and examinations passed.

Dates

From To Name & Address of school etc Examinations / Qualifications

PLEASE GIVE ANY FURTHER INFORMATION WHICH YOU FEEL IS RELEVANT TO THIS APPLICATION E.G. SPECIAL SKILLS, TRAINING ETC.

HAVE YOU EVER BEEN CONVICTED BY A COURT FOR ANY OFFENCE YES / NO
IF YES GIVE NAME OF COURT, DATE AND TYPE OF OFFENCE.

IF NO ARE THERE ANY PROCEEDINGS PENDING AGAINST YOU YES /NO
IF YES GIVE DETAILS

HAVE YOU ANY OBJECTION TO ENQUIRIES BEING MADE TO CONFIRM YOUR DECLARATIONS
YES /NO

PREVIOUS EMPLOYMENT: Please give details of positions held starting with the most recent (include dates, describe duties, rates of pay and give reason for leaving.

Dates

From To Name & Address Position Duties Pay Reason for Leaving

WHAT ARE YOUR MAIN INTERESTS, SPORTS OR HOBBIES ?

WHICH CLUBS OR SOCIETIES DO YOU BELONG TO ?

WHAT PROFESSIONAL BODIES DO YOU BELONG TO ?

DO YOU HAVE ANY PART-TIME JOBS WHICH YOU WISH TO CONTINUE ? YES / NO

DO YOU HAVE ANY OTHER COMMITMENTS WHICH MIGHT LIMIT YOUR WORKING HOURS ?

IF YES, PLEASE SPECIFY _____

HAVE YOU EVER BEEN DISMISSED FROM EMPLOYMENT ? YES / NO

IF YES - PLEASE GIVE DETAILS

Please indicate here if you have asked someone else to complete this form on your behalf YES / NO

REFERENCES: One of these should be from your manager in your present / most recent employment and not from family or close friends.

1.	Name:	2.	Name:
	Company:		Company:
	Address:		Address:
	Tel No:		Tel No:

DECLARATION Please read this carefully, then sign and date your application.

I confirm that the information I have given in this application form is true and complete. I understand that providing misleading or false information may result in my dismissal.

Applicants signature: _____ Date: _____

For Employers use only

Date of Interview: _____ Signature: _____

Summary of References obtained - 1. Name of Person giving reference -

2. Name of Person giving reference -

Applicant Engaged: Yes / No

Offer Letter Sent: Date:

Start Date: