



BEST WESTERN
Scores Hotel
St Andrews

Job Application Form

All information submitted on this form will be treated as strictly confidential.

Position applied for:

Your Details

Surname:	Forename(s):
Maiden Name: (if applicable)	Title (Mrs/Mrs/Miss/Other):
Present Address:	
Postcode:	
Home Tel No.:	Mobile Tel No.:
Date of Birth:	Place of Birth:
Marital Status:	Number & Ages of Children:
Nationality:	Languages Spoken:

Emergency Contact Details

Next of Kin:	Relationship to You:
Address: (if different to your address)	
Contact Tel No.:	Mobile Tel No.:

Transport

Do you have your own transport?	Yes _____	No _____
Do you hold a current driving licence?	Yes _____	No _____
If yes, do you have any endoresments?	Yes _____	No _____

Education History

Academic Qualifications (i.e. GCE, CSE, GCSE, 'A' LEVEL etc.)

Subject	Level	Grade	Date Taken

Training

Courses Attended (i.e. Food Hygiene, First Aid etc.)

Subject	Level	Grade	Date Taken

Employment History

Please start with your current or most recent employer and work backwards (you may attach your CV for this section)

Employers Name and Address	Position Held	From	To	Reason for leaving & final salary

Additional Information and Experience

Please provide a brief outline of any voluntary work or activities which may make you suitable for this position:

How did you become aware of this job? (e.g. newspaper advert, job centre etc) _____

Have you been recommended by a current employee? Yes _____ No _____ (If so who):

Have you ever worked for the company before? Yes _____ No _____ (If so reason for leaving):

Do any relatives or family work for the company? Yes _____ No _____ (If so who):

For Non UK residents

Are you authorised to work in the European Union? Yes _____ No _____

If yes, please indicate which documents you will provide to demonstrate this (e.g. passport / national identity card):

Medical

Do you have, or have suffered from any of the following:

Dermatitis / Skin Trouble	Yes _____	No _____
Deafness	Yes _____	No _____
Chest Pain / Bronchitis	Yes _____	No _____
Asthma / Hayfever	Yes _____	No _____
Rheumatism	Yes _____	No _____
Nervous Breakdown	Yes _____	No _____
Other Mental Illness	Yes _____	No _____
Heart Trouble	Yes _____	No _____
Diabetes	Yes _____	No _____
Back Pain / Slipped Disc	Yes _____	No _____
Migrane	Yes _____	No _____

Are you taking any treatment or medication at the moment? Yes _____ No _____

Are you a registered disabled person? Yes _____ No _____

Do you smoke? Yes _____ No _____

References

Please provide names of two separate people or organisations that we may approach for business references. One referee should be your present employer; however we will not contact them until an offer of employment has been made. If you have been unemployed, please provide character referees which should not include members of your family.

Name:	Name:
Company:	Company:
Position:	Position:
Address:	Address:
Telephone No:	Telephone No:

Declaration

I sign below to confirm that the information given on this form is correct and may be used as the basis on employment. I understand that any offer is subject to receipt of satisfactory references. I understand that no offer of employment made to me will be binding unless confirmed in writing. For the purposes of the Data Protection Act 1998, I give my consent for BEST WESTERN Scores Hotel to hold and process my personal data for purposes related to the recruitment and employment of myself.

Signature:	Date:
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For Office Use

Interview conducted by:	Date of interview:
Interview Notes:	
Offer made – date:	Offer accepted:
Start date / time:	Starting Salary:
Offer letter / Induction Paperwork Sent:	Reference applied for:
Further Employment Notes:	

**Please return form to:
BEST WESTERN Scores Hotel
76 The Scores, St Andrews, KY16 9BB**