

Sign of the Angel

APPLICATION FOR EMPLOYMENT

Thank you for applying for a position at Sign of the Angel. Your details will be treated in the strictest confidence. In order for your application to be processed efficiently, please complete all sections using BLOCK CAPITALS.

POSITION APPLIED FOR (please tick appropriate box):

Kitchen:

Chef
Kitchen Porter

Restaurant:

Waiting Staff – Full time

Hotel:

Housekeeper

*please note job roles will cross over between restaurant and hotel.

PERSONAL INFORMATION

FULL NAME:

POSTAL ADDRESS:

HOME NUMBER:

MOBILE NUMBER:

EMAIL ADDRESS:

DATE OF BIRTH:

EMPLOYMENT INFORMATION

Expected salary/rate of pay:

National Insurance Number:

Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK? YES / NO If YES, please provide details.

EMPLOYMENT HISTORY – Please detail your current and previous job history and give an explanation for any gaps in employment.

NAME & ADDRESS OF EMPLOYER (most recent employer first)	JOB TITLE/ MAIN RESPONSIBILITIES	REASON FOR LEAVING/ WANTING TO LEAVE

EDUCATION/TRAINING (or further experience)

ESTABLISHMENT & ACHIEVEMENT	RESULTS

SKILLS & EXPERIENCE

In support of your application, please detail any relevant skills, qualifications, personal qualities which you believe are relevant to the position you are applying for within Sign of the Angel.

REFERENCES – these will only be requested upon offer of employment. Please include either previous employers or educational institutions.

ORGANISATION:	ORGANISATION:
NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE NO:	PHONE NO:
EMAIL:	EMAIL:
RELATIONSHIP TO YOU:	RELATIONSHIP TO YOU:

REHABILITATION OF OFFENDERS ACT 1974

You are not required to disclose convictions that are “spent”. Please note that “unspent” cautions or convictions will not necessarily disqualify you from the position.

Do you have any cautions or convictions? YES / NO

If YES, please list below details, including date, type of offence, sentence/fine imposed...etc.

Please note: you may be required to apply for a ‘Police Subject Access Report’, undergo a medical examination or agree to the provision of a General Medical Practitioner’s Report.

AVAILABILITY

Sign of the Angel operates from 07:00 up to 23:30, 7 days a week. In order to match your availability to any existing vacancies, please indicate your maximum overall availability throughout the whole of the week. Some positions will require employees to work split shifts. (Initially we will not be open Mondays)

Please note: if offered employment, this information could form part of your contract.

Tick box where you will be available and prepared to work.

	A.M	P.M	EVENING
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Please indicate approximate number of hours you would intend to work per week: _____ hours.

Other comments:

Declaration

I declare that the information I have given in this application is accurate and true. I understand that providing misleading or false information or failure to disclose medical or any other relevant information will disqualify me from appointment or, if appointed, may result in my dismissal.

I understand that my appointment or offer of appointment is conditional upon receipt of satisfactory references.

I also understand that in some circumstances any appointment or offer of appointment may be conditional on receipt of a satisfactory medical and/or police report.

SIGNED _____

DATE _____

Data Protection

The Data Protection Act 1998 ("The Act") sets out certain requirements for the protection of your personal information against unauthorised use or disclosure. The Act gives you certain rights.

Except to the extent we are required or permitted by law, the information which you provide in this application form, and any other information obtained or provided during the course of your application ("the information") will be used solely for the purpose of assessing your application.

If your application is unsuccessful or you choose not to accept any offer of employment we make, the information will not be held for longer than necessary, after which time it will be destroyed, although relevant information will be retained in the longer term to facilitate our Equal Opportunities Monitoring.

If your application is successful, the information will form part of your Personal file and we will be entitled to process it for all purposes in connection with your employment. So that we may use the information for the above purposes and on the above terms, we are required under the Act to obtain your explicit consent.

I consent to the use of my personal information for the purpose and on terms set out above.

SIGNED _____

DATE _____

PLEASE RETURN TO:

ANGEL HR MANAGER
SIGN OF THE ANGEL
6 CHURCH ST
LACOCK
WILTSHIRE
SN152LB

OR info@signoftheangel.co.uk

PLEASE PHONE 01249 730230 IF ANY PROBLEMS

WE ARE LOOKING TO INTERVIEW FOR POSITIONS - WE WILL BE IN TOUCH UPON RECEIPT OF APPLICATIONS.