

PUB STAFF APPLICATION FORM

PUB NAME:

PUB ADDRESS:

In order to give your application full consideration would you please complete the enclosed questions

NAME:

Please tell us a telephone number where you can be contacted:

DAYTIME:

EVENING:

<input type="text"/>
<input type="text"/>

CONFIDENTIAL

PLEASE USE BLOCK LETTERS THROUGHOUT

JOB APPLIED FOR:

WHEN AVAILABLE TO START:

SURNAME (Mr/Mrs/Miss):

DATE OF BIRTH:

AGE NOW:

FIRST NAME(S):

**NATIONAL INSURANCE
NO:**

ADDRESS:

**NAME OF NEXT OF KIN:
ADDRESS:**

TELEPHONE NUMBER:

Employers Name & Address	Dates		Job Title	Reason for Leaving	Wage
	From	To			

LIST OF PREVIOUS EMPLOYMENT HISTORY BELOW:

Employers Name & Address	Dates		Job Title	Reason For Leaving	Wage
	From	To			

THE COMPANY RESERVES THE RIGHT TO CONTACT PREVIOUS EMPLOYERS FOR REFERENCES

LIST ANY SPECIAL QUALIFICATIONS YOU HAVE:

**ARE YOU A QUALIFIED FIRST AID PERSON?
YES/NO**

HOW WILL YOU TRAVEL TO AND FROM WORK?

**HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENCE?
OR HAVE A CASE PENDING? YES/NO**
IF YES, GIVE DETAILS:-

**HAVE YOU ANY RELATIVES OR FRIENDS WHERE?
WORKING FOR US: YES/NO**
IF YES WHOM?

**HAVE YOU EVER WORKED IN THIS PUB BEFORE?
IF YES, PLEASE GIVE DETAILS YES/NO**

**HAVE YOU EVER WORKED IN LICENSED PREMISES BEFORE?
IF YES, PLEASE GIVE DETAILS YES/NO**

**POSITION
DATE EMPLOYED - FROM TO**

HAVE YOU EVER SERVED DRINK OR FOOD TO CUSTOMERS BEFORE? YES/NO
IF YES, PLEASE GIVE DETAILS

HAVE YOU EVER HANDLED CASH WITH CUSTOMERS BEFORE? YES/NO
IF YES, PLEASE GIVE DETAILS

**HAVE YOU HAD ANY TRAINING WITH OTHER COMPANIES ON
CUSTOMER CARE AND SERVICE? YES/NO**
IF YES, PLEASE GIVE DETAILS

WORKING TIMES

Opening hours may vary each day - Monday to Sunday
 If you could choose the hours you wanted to work what would they be?
 Please write them below next to the day

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

Are there any days or times that you definitely would not be able to come to work?
 (e.g. Weekend/Bank Holidays/School Holidays) If **YES** please give details:-

To the best of my knowledge the information I have given is complete and correct.
 I agree that any misrepresentation made by me will result in the cancellation of my
 application and termination of any employment with the Company.

Signed:

Date:

FOR OFFICIAL USE ONLY

Interviewed

By:

Date:

Comments: