



**EMPLOYMENT APPLICATION FORM
(CONFIDENTIAL)**

Shorefield Holidays Limited is an equal opportunity employer

Position applied for: _____ Park _____

Are you looking for Full Time or Part Time work? _____

If Part Time how many hours would you prefer to work? _____

Are you looking for Permanent, Seasonal or Casual work? _____

Where did you hear of the vacancy? _____

Surname: _____ Previous Surname: _____

First Name(s): _____

Address: _____

_____ Post Code: _____

Telephone Nos: Home: _____ Mobile: _____

Business: _____ E. Mail: _____

Number of years at this address: _____ If less than one year please give previous address

Previous Address: _____

_____ Post Code: _____

National Insurance Number:

IMPORTANT: WE CANNOT PROCESS YOUR APPLICATION WITHOUT A NATIONAL INSURANCE NUMBER

Do you live with, or have a relationship with, or know any past or present employee of Shorefield Holidays Limited? Yes/No If yes, who _____

Have you previously worked for or applied for work at Shorefield Holidays Limited? Yes/No

If yes, please give details: _____

Do you have a current full UK driving licence? _____ Yes/No
(you may be required to drive a Company vehicle)

Do you own a car? (you may be required to use your car for work) Yes/No

If you do not own a car, how will you travel to work? _____
(the bus service is irregular)

EMPLOYMENT HISTORY

Please give details of your previous employment starting with your present or most recent job

Employers' Full Name and Address:		
Dates Employed From	To	Final Salary
Position Held, including a brief description of duties		
Reason for leaving		
Employers' Full Name and Address:		
Dates Employed From	To	Final Salary
Position Held, including a brief description of duties		
Reason for leaving		
Employers' Full Name and Address:		
Dates Employed From	To	Final Salary
Position Held, including a brief description of duties		
Reason for leaving		

Please continue on a separate sheet if necessary

Do you have any experience of the following?

Management	Yes/No	Personnel	Yes/No	Training	Yes/No
Word Processing	Yes/No	Spreadsheets	Yes/No	Desktop Publishing	Yes/No
Book-keeping	Yes/No	Stock Control	Yes/No	Writing Procedures	Yes/No
Budgeting	Yes/No	Report Writing	Yes/No	Health & Safety	Yes/No
Foreign Languages	Yes/No	Which language		Level of fluency	

EDUCATION

Please detail your Secondary/Further/Higher Education

Name and Full Address of School/College/University	Dates attended From	To	Qualifications Gained	Grade

SPECIALIST TRAINING/QUALIFICATIONS

Please detail training courses you have attended including other certificates/badges/awards that would be relevant, eg First Aid, Food Hygiene etc? (Continue on separate sheet if necessary)

Qualification/Course	Training Organisation	Dates attended	
		From	To

If you are offered employment we will require to take photocopies of relevant certificates. Please bring the originals with you if you are called for interview.

Do you hold any positions of civic or social responsibility, public or voluntary commitments Yes/No
 If yes, please give details: _____

Have you ever been convicted of a criminal offence which is not yet spent under the Rehabilitation of Offenders Act 1974? Yes / No If yes, please give details:

Do you have any prosecution pending Yes / No If yes, please give details:

As part of the conditions of employment we may need to carry out a Police check on you. Would you have any objection to this? Yes / No

Have you ever been declined any form of insurance cover, or been offered cover on special terms? Yes / No If yes, please give details _____
 Please list your hobbies and interests _____

MEDICAL HISTORY

Do you have any recurring health problems, which have or may in the future affect your ability to perform the job for which you are applying? Yes/No
 If yes, please give details _____

If required would you be prepared to undergo a medical? Yes/No
 Please detail any illness during the past two years including length of time absent from work/school

Please state any reasons other than sickness why you have taken time off in the last two years

Do you smoke? Yes/No If yes, how many per day _____ cigarettes/cigars/pipes
 If you have ever smoked, how long since you last smoked _____
Shorefield operates a No Smoking policy for staff on its Parks

REFERENCES

Please give details of three Referees, these must not be relatives and one should be your present or most recent employer. One can be a School/College Tutor.

REF 1 Name _____ Title (Mr / Mrs / Miss / Ms / Dr) _____
Address _____

Post Code _____
Position in Company: _____ Telephone No _____
How long have you known this person _____ In what capacity _____
May we approach them now for a reference Yes / No

REF 2 Name _____ Title (Mr / Mrs / Miss / Ms / Dr) _____
Address _____

Post Code _____
Position in Company: _____ Telephone No _____
How long have you known this person _____ In what capacity _____
May we approach them now for a reference Yes / No

REF 3 Name _____ Title (Mr / Mrs / Miss / Ms / Dr) _____
Address _____

Post Code _____
Position in Company: _____ Telephone No _____
How long have you known this person _____ In what capacity _____
May we approach them now for a reference Yes / No

I confirm that to the best of my knowledge, all the particulars I have given are true. I understand that withholding information, or any false statement, may disqualify me from employment or result in the termination of my employment.

I have read and understood the above declaration

Signature _____ Date _____

Applicant No: _____



EQUAL OPPORTUNITIES QUESTIONNAIRE

Shorefield Holidays Limited is committed to equal opportunities. The information requested on this form is for monitoring equal opportunities within the selection process at Shorefield Holidays Limited. The information provided will be used for statistical purposes only.

TITLE: MR / MRS / MISS / MS / OTHER

MARITAL STATUS: SINGLE / MARRIED / WIDOWED / SEPARATED / DIVORCED

AGE: _____

DATE OF BIRTH: _____

NATIONALITY: _____

PLACE OF BIRTH: _____

ETHNIC ORIGIN:	ASIAN CHINESE	<input type="checkbox"/>	ASIAN INDIAN	<input type="checkbox"/>
	ASIAN PAKISTANI	<input type="checkbox"/>	BLACK AFRICAN	<input type="checkbox"/>
	BLACK CARIBBEAN	<input type="checkbox"/>	BLACK UK	<input type="checkbox"/>
	BLACK OTHER	<input type="checkbox"/>	WHITE	<input type="checkbox"/>
	OTHER	<input type="checkbox"/>		

Any other race or ethnic group (please describe): _____

Do you require a Work Permit to legally work in this country? Yes / No

If you are offered employment you will be required to prove to our satisfaction that you have a right to be in and to be employed in the UK (Asylum and Immigration Act 1996)

Do you consider yourself to be disabled? Yes / No

If so, in what capacity: _____

Definition of disability: "A person is defined as disabled who has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities".

Providing information about a disability will not be an automatic bar to employment. If you appear otherwise suited to a post, we will consider with you the effect your disability may have on your ability to perform the post and any reasonable steps which we can take to overcome these.