



Riviera International Centre Employment Application Form

Please complete **ALL** sections using **BLOCK CAPITALS** and place a tick ✓ in all the relevant boxes

Section 1 - The Position

<p>➔ Please state the vacancy you are applying for: -</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Type of Employment:</p> <p>Full Time <input type="checkbox"/></p> <p>Part Time <input type="checkbox"/></p>	<p>Nature of Employment:</p> <p>Permanent <input type="checkbox"/></p> <p>Temporary <input type="checkbox"/></p> <p>Seasonal <input type="checkbox"/></p> <p>Casual <input type="checkbox"/></p>	<p>How did you find out about this position?</p> <p>Job Centre <input type="checkbox"/></p> <p>Newspaper <input type="checkbox"/></p> <p>Recommendation <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>If other, please give details:</p> <p>_____</p>
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Section 2 - Personal Details

Preferred Title:	Surname:	First Name:
UK Address and Postcode: Please note that we will only be able to contact you if you have a UK address (inc. postcode) and telephone number.		Home Telephone No.: (With STD code)
		Mobile Telephone No.:
		Email address:
		National Insurance No.:
Available start dates:	Holidays already booked:	
Do you have a valid Driving Licence? Yes <input type="checkbox"/> No <input type="checkbox"/>		Current endorsements on your driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please give details:

Section 3 - Qualifications

Starting with the most recent, please list any formal qualifications you have achieved. Please feel free to continue on a separate A4 sheet & attach to this form.

Full Name & Address of School/College etc.	Examination Subjects & Results	Responsibilities Held (Societies, Teams, etc)

This Application Form is available in large format upon request

Please use this space to give information of any relevant courses you have attended as part of your personal or professional development, i.e. Current Basic Food Hygiene Certificate, First Aid at Work qualified, RSA/ECDL/Clait qualified etc.

Section 4 - Details of Current & Previous Employers

Starting with your current/most recent employer please detail below your employment history, accounting for any gaps in employment, e.g. voluntary work, gap year etc. Please feel free to continue on a separate A4 sheet & attach to this form.

Dates From / To	Name of Employer/Company	Details of Duties/Responsibilities	Wage/ Salary	Reason for leaving

Section 5 - Other Details

Use this space to tell us why you are interested in this position and what you can bring to the role.

Section 6 – Additional Information

• Do you hold a UK/EU passport?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Do you have full authorisation to work in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Do you require a Work Permit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Are you required to register under the Workers Registration Scheme? (Under the Asylum and Immigration Act 1996)	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Do you require a Young Persons Work Permit? (Applies to Applicants age 16 & under in compulsory full time education) (Under The Children (Protection at Work) (No.2) Regulations 2000)	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Licensing conditions and certain Legal and Health & Safety implications restrict certain age groups, for instance bar work. Please tick if either of the following age bands apply: Under 18 <input type="checkbox"/> Within 6 months of retirement age (currently 65) <input type="checkbox"/>	

Section 7 - Availability

Our vacancies can include a variety of shift patterns. Please tick all the shifts you are available to work:

Weekdays	Yes <input type="checkbox"/> No <input type="checkbox"/>	Early Mornings	Yes <input type="checkbox"/> No <input type="checkbox"/>
Saturdays	Yes <input type="checkbox"/> No <input type="checkbox"/>	Late Nights	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sundays	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Number of hours per week you are available to work _____

Section 8 - References

Please provide details of Employer referees covering the last 3 yrs (One of whom must be your last/current Employer). If you have not enjoyed continuous employment for this period, please provide details of either an educational reference or character reference as appropriate.

Character referees must have known you for at least 2 yrs & should not be a family member. Failure to provide such information may result in The Centre not being able to accept/process your application.

Unless specifically requested otherwise, we will take up references using the names supplied.

<i>Reference 1</i>		<i>Reference 2</i>	
Name:		Name:	
Establishment:		Establishment:	
Position:		Position:	
Address and Postcode:		Address and Postcode:	
Telephone No:		Telephone No:	
Type of reference – please circle: Employer/Student/Character		Type of reference – please circle: Employer/Student/Character	
Referee known to you:	From:	Referee known to you:	From:
	To:		To:
May be contacted prior to interview: Please tick Yes <input type="checkbox"/> No <input type="checkbox"/>		May be contacted prior to interview: Please tick Yes <input type="checkbox"/> No <input type="checkbox"/>	

Reference 3		Reference 4	
Name:		Name:	
Establishment:		Establishment:	
Position:		Position:	
Address and Postcode:		Address and Postcode:	
Telephone No:		Telephone No:	
Type of reference – please circle. Employer/Student/Character		Type of reference – please circle: Employer/Student/Character	
Referee known to you:	From:	Referee known to you:	From:
	To:		To:
May be contacted prior to interview: Please tick Yes <input type="checkbox"/> No <input type="checkbox"/>		May be contacted prior to interview: Please tick Yes <input type="checkbox"/> No <input type="checkbox"/>	

It may be necessary for us to provide additional information to former employers as part of the reference process (e.g.: National Insurance No., dates of employment, etc). Please tick the box if you prefer us not to release this information

Section 9 – Rehabilitation of Offenders

- Have you ever been convicted of a criminal offence? Yes No
(Declaration subject to the Rehabilitation of Offenders Act 1974)

Candidates applying for employment involving regular unsupervised access with children &/or vulnerable adults will be required to complete an additional Declaration Form.

Section 10 – Availability for Interview

- Please tell us if there are any dates when you will not be available for interview _____
- If you have a disability please tell us about any adjustments we may need to make to assist you at Interview _____

Section 11 - Declaration

I can confirm that to the best of my knowledge the above information is correct. If offered employment by The Riviera International Conference Centre I accept this will be subject to satisfactory references, trial period, work permit documentation (as appropriate) & (if required) my passing a medical examination. I accept that providing deliberately false information could result in my instant dismissal.

Name:-	Date:-
Signed:-	Office use only: A <input type="checkbox"/> R <input type="checkbox"/> D <input type="checkbox"/>

Data protection Act 1998 - Information provided by you on this Application Form may be copied for use during the recruitment process. This information will be held for at least six months and then destroyed unless you are appointed and the form will be used as part of your personnel record. The information will also be held on computer software within the Human Resources & Training Department and as part of our Equal Opportunities monitoring process.

Please complete & return to: **HR & Training Department, Riviera International Centre, Chestnut Avenue, Torquay, Devon, TQ2 5LZ. Telephone: 01803 299 992 - Fax: 01803 206 330**