

**Equal Opportunities:**

Webb Hotels & Travel is committed to providing equality of opportunity in employment, prohibiting unfair discrimination on grounds of sex, race, disability, age, colour, religion, nationality, sexual orientation or ethnic or national origins. You are asked to help us ensure that this policy is complied with. Please be assured that any information provided will be treated in the strictest of confidence.

Do you consider yourself to have a disability which is relevant to the job you are applying for?

Yes  No

If yes, please give registration number and brief details below: -

Do you have any special requirements to (1) attend an interview (2) enable you to perform the job if successful?  
If yes, please detail: -

Please indicate your ethnic origin: -

White  Black, African  Black, Caribbean  
 Black, Other  Indian  Pakistani  
 Bangladeshi  Chinese  Other

Have you ever been convicted of a criminal offence (which is not a spent conviction within the terms of the Rehabilitation Offence Act 1974)?

Yes  No

If yes, please give details: -

**Referees**

Please provide the names of 2 separate people or organisations that we may approach for business references. One referee must be your present employer, however we will not contact them until an offer of employment has been accepted. If you have not been employed, please provide character referees, which should not include any family members. Any offer of employment is subject to acceptable references..

Name:	Name:
Occupation:	Occupation:
Address:	Address:
Tel No:	Tel No:
Fax No:	Fax No:
Email:	Email:
Capacity: <input type="checkbox"/> Professional <input type="checkbox"/> Character	Capacity: <input type="checkbox"/> Professional <input type="checkbox"/> Character

**Declaration**

I certify that the information given in support of my application is correct. I understand that continuous employment is subject to the Company receiving satisfactory references and if applicable, a successful medical examination. I agree that Webb Hotels & Travel can process, distribute and hold information about me including personal, sensitive data subject to the terms of the Data Protection Act 1998.

Signature:..... Date: .....

Please indicate how you heard of this vacancy:

Local press advert  Job Centre  Company website  
 Internet (please state website) .....  
 Other .....

**Thank you for completing this form. Please return to: -**



**APPLICATION FORM**

(Please complete clearly and in CAPITAL LETTERS)

Type of work you would like:	Salary/hourly rate expected:
What hours and days are you able to work? <input type="checkbox"/> Full time <input type="checkbox"/> Part Time	
Are there any days/times you cannot work? <input type="checkbox"/> No <input type="checkbox"/> Yes (please give details)	

**About You**

Title: (Mr/Mrs/Miss/MS):	Forename(s):	Surname:
Maiden Name (if applicable):	Nationality:	Date of Birth (optional):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	If you are applying for a job in a licensed area, please sign here to confirm you are over 18 years of age. Signature:.....	
Present Address:	Mobile Number:	Telephone Number:
Post Code:	Work Telephone (if convenient):	
Notice Period:	Email:	
National Insurance Number:		
Do you have your own transport? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Driving Licence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any endorsements? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Details if 'yes' to above:</i>	

Have you been recommended by a current employee? If yes, please give details:

Name: .....Department: .....

The Asylum and Immigration Act states that ALL employees must provide evidence to demonstrate their right to work in the UK. Therefore, please indicate which document you will provide to demonstrate this:

Passport  Birth Certificate  Travel Document eg: passport (showing authorisation to reside and work in the UK)

### Your Previous Employment

Start with your current or most recent employment first

From (month & year)	To (month & year)	Employer (Company name & address)	Position(s) Held	Reason for Leaving	Salary
You may attach your CV for this section					

### Education (from secondary school onwards)

From (month & year)	To (month & year)	School / College / University address	Examinations and results gained
You may attach your CV for this section			

### Training

Please detail any training courses attended or professional memberships

Date	Course Attended	Qualification Gained (certificate copies may be requested)

Do you speak any foreign languages? If so, please state language and level of fluency (eg; basic, fluent):

Computer Skills (please state software and level of proficiency):

Leisure / spare time interests:

### Why You?

Please tell us why you have applied for this position and why you think you are the right candidate. Please include any other information you feel may support your application:

*(please continue on a separate sheet if necessary)*

### Health Details

Are you in good health?  Yes  No  
If no, please explain: -

Do you have any physical or mental impairment?  Yes  No  
If yes, please explain what effect your disability has on your daily activities and what adjustments you would consider necessary to enable you to carry out this job: -

Do you smoke?  Yes  No

Height:.....Weight:.....

How many days sickness have you had in the last 12 months? .....

Are you taking any medication?  Yes  No  
If yes, please detail: -

Do you have a persistent illness/condition?  Yes  No  
If yes, please explain: -

### Emergency Contact Details

**Please give details of who we should contact in case of an emergency: -**

Name:	Address (If different to your home address):
Home No:	
Work No:	
Mobile No:	Relationship to You: