

NO ORDINARY HOTELS
AWARD WINNING HOTELS
EMPLOYMENT APPLICATION FORM

*In the constant pursuit of excellence we are continually seeking to bring out the 'extra ordinary' qualities of our employees.
 May I take this opportunity to thank you for applying for employment with No Ordinary Hotels.*

Position Applied for: _____ FULL TIME/ PART TIME

Dates Available From: _____

What Hours are you available to work: _____

How Did you hear about the Vacancy: _____

Personal Details PLEASE USE BLOCK CAPITALS

Surname: _____ Mrs/Miss/Mr/Ms Forename: _____

Date of Birth: _____ Telephone Number: _____

Address: _____ Mobile: _____

_____ Email Address: _____

_____ Post Code: _____

Have you ever applied for a job with us before? Yes No

Do you hold a current driving license? Yes No

Do you have the use of a car? Yes No

Are you eligible to work in the United Kingdom? Yes No

Please state what type of Passport/ Permit you hold: _____ Expiry Date: _____

QUALIFICATIONS Give details of any GCSE, GCE or equivalent examinations you have taken, any specific training for the post for which you are applying. (Including details of those exams, which you are about to take, or have already taken, but for which the results are not yet known).

EDUCATION & TRAINING

Qualification	Examinations passed or qualifications gained

Further education (University, college, institute or training organisation).	Examinations passed or qualifications gained

EMPLOYMENT HISTORY

Please start with your present or most recent employment.

Date		Name of Employer and Nature of Business	Position Held	Reason for Leaving	Salary	May we contact employer
From	To					

ADDITIONAL INFORMATION

Please use the following space to tell us what competencies you have in relation to the position applied for:

RERERENCES

Please give the names and addresses of two persons as references, other than your present employer or relatives, who we can approach now for references. No approach will be made to your present employer.

1. _____ 2. _____

Telephone No: _____

Telephone No: _____

Please answer all the questions. This will assist us is considering your application.

QUESTIONNAIRE

Please answer all questions. This information will assist us when considering your application

General

1. Are you currently employed? Yes No
2. If unemployed for how many months? _____
3. How many jobs have you had in the last five years? _____
4. How many miles do you live from the Hotel? _____
5. Do you have a criminal record? Yes No
In accordance with the rehabilitation of offenders Act 1974
6. If yes please give details _____
7. Do you have any driving offences? Yes No
8. If yes please give details _____

Health

1. How is your health generally? _____
2. Do you smoke? Yes No
2. What is the longest you have been unable to work due to a health problem?
1 – 4 weeks 4 – 8 weeks 9 weeks +

APPLICANT'S AGREEMENT - This is important - read carefully

*I hereby certify that the answers given by me to the foregoing questions are true and correct without any consequential omissions whatsoever. I agree that **No Ordinary Hotels** shall not be liable in any respect if my application is rejected or my employment terminated because of the falsity of answers or omissions made by me in this application form. I also give **No Ordinary Hotels** permission to secure references. I will undergo a medical examination if asked to do so.*

Signature: _____ Date: _____

EQUAL OPPORTUNITIES MONITORING FORM

NO ORDINARY HOTELS are Equal Opportunity Employers who seek to ensure that there is no discrimination based on race, colour, nationality, national or ethnic origin, sex or disability. By continually monitoring our recruitment and selection process we aim to ensure that we attract applicants from as wide and diverse groups of people as is reflected in the community as a whole

The information given will be treated in strict confidence and will be separated from the application and will not be used in our selection process.

I would describe my race as?

A White

- British
- Irish
- Any other white background

B Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

C Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

D Black or Black British

- Caribbean
- African
- Any other black background

E Other Ethnic Groups

- Chinese
- Any other ethnic group

F Not stated

- Not stated

PLEASE INSERT

Your Name: _____

Age: _____

Please specify the name of the organisation that advertised the post:

Job Centre	Website
Paper	Agency

Other please specify: _____

Advertised Ref No: _____

Disability

The DDA defines a disability as physical, sensory or mental impairment which has, or had a substantial and long term effect on a person's ability to carry out normal day to day activities.

Do you consider yourself to have or have had a disability of any kind?

Yes No

If yes answered please state the nature of the disability:
