

YOUR JOBS UNTIL NOW

CURRENT JOB

FROM _____ TO _____

EMPLOYER'S NAME _____

ADDRESS _____

JOB TITLE _____

MAIN RESPONSIBILITIES _____

REASON FOR LEAVING _____

PREVIOUS JOBS

FROM _____ TO _____

EMPLOYER'S NAME _____

ADDRESS _____

JOB TITLE _____

MAIN RESPONSIBILITIES _____

REASON FOR LEAVING _____

FROM _____ TO _____

EMPLOYER'S NAME _____

ADDRESS _____

JOB TITLE _____

MAIN RESPONSIBILITIES _____

REASON FOR LEAVING _____

PREVIOUS JOBS CONTINUED

FROM _____ TO _____

EMPLOYER'S NAME _____

ADDRESS _____

JOB TITLE _____

MAIN RESPONSIBILITIES _____

REASON FOR LEAVING _____

REFEREES

PLEASE PROVIDE THE NAME, ADDRESS AND TELEPHONE NUMBER OF TWO REFEREES. THESE MUST BE YOUR MOST RECENT EMPLOYER AND PREVIOUS EMPLOYER. IF SELF-EMPLOYED, PLEASE GIVE A BUSINESS REFERENCE. REFERENCES WILL BE APPLIED FOR, COVERING THE LAST FIVE YEARS OF EMPLOYMENT. YOUR CURRENT EMPLOYER WILL NOT BE CONTACTED, UNTIL AN OFFER OF EMPLOYMENT HAS BEEN MADE. [PLEASE CONTINUE ON A SEPARATE SHEET, IF NECESSARY.]

REFEREE 1

NAME _____

COMPANY _____

HEAD OFFICE ADDRESS _____

TELEPHONE _____

REFEREE 2

NAME _____

COMPANY _____

HEAD OFFICE ADDRESS _____

TELEPHONE _____

DECLARATION

I CONFIRM THAT THE INFORMATION GIVEN ON THIS APPLICATION FORM TO JOIN LOUNGE/ROOM AS A PAID EMPLOYEE IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY ENGAGEMENT ENTERED INTO IS SUBJECT TO A SATISFACTORY PROBATIONARY PERIOD, REFERENCES SATISFACTORY TO THE COMPANY, DOCUMENTARY EVIDENCE OF MY NATIONAL INSURANCE NUMBER AND MY RIGHT TO WORK IN THE UK AND, IF NECESSARY, A MEDICAL EXAMINATION. I VERIFY THAT THE INFORMATION PROVIDED IS ACCURATE, TRUE AND COMPLETE. I UNDERSTAND, IF I AM APPOINTED AND THIS INFORMATION IS FOUND TO BE INACCURATE, UNTRUE OR INCOMPLETE, THAT THIS WILL BE TREATED AS GROSS MISCONDUCT AND MAY RENDER ME LIABLE TO DISMISSAL. I UNDERSTAND THAT THE INFORMATION WHICH I HAVE PROVIDED WILL BE USED IN ACCORDANCE WITH THE DATA PROTECTION ACT 1998 FOR THE PURPOSE OF MY APPLICATION FOR EMPLOYMENT WITH LOUNGE/ROOM. I UNDERSTAND THAT THIS INFORMATION WILL BE USED TO PROCESS MY INFORMATION, REPORT ON EQUAL OPPORTUNITIES AND FOR ALL OTHER AREAS OF PERSONNEL AND STAFF ADMINISTRATION NECESSARY TO PROMOTE THE BUSINESS. SHOULD I REQUIRE A COPY OF THIS INFORMATION I UNDERSTAND THAT I SHOULD CONTACT THE DATA-CONTROLLER AT THE APPROPRIATE BUSINESS SITE.

SIGNED _____ DATE _____

WE WILL ENDEAVOUR TO RESPOND TO ALL APPLICATIONS PERSONALLY EITHER BY POST OR TELEPHONE. HOWEVER, IF YOU HAVE NOT RECEIVED A RESPONSE WITHIN 14 DAYS, THEN YOUR APPLICATION HAS, UNFORTUNATELY, BEEN UNSUCCESSFUL.