



Courthouse Hotel
LONDON

Please
Attach
Photograph

19-21 Great Marlborough Street
London, W1F 7HL
Tel: 020 7297 5555
Fax: 020 7297 5566
www.courthouse-hotel.com

Application For Employment

PLEASE COMPLETE IN BLOCK CAPITALS

NAME:

POSITION APPLIED FOR:

Where did you hear of this vacancy?

Work Permit expiry date & Registration Number (if applicable)

All applications must be supported with proof of right to work in the U.K.
Please supply a copy of your passport, working visas, E.U. identity card, papers from the Home Office
or birth certificate, which need to be attached to this application before it can be processed.

Please return this form to:
Human Resources Department, 19-21 Great Marlborough Street, London, W1F 7HL.

Confidential Application For Employment

Personal Details

Title: Mr / Mrs / Miss / Other <i>(Please specify)</i> :	
Surname:	Maiden/Previous Names:
Forename(s):	Gender: Male/Female
Date of Birth:	Place of Birth:
Nationality:	First Language:
Marital Status: Single / Married / Divorced / Widowed / Other:	
N.I. Number:	

Contact Details

Address:	
	Postcode:
Home Telephone Number:	Work Telephone Number:
Mobile Number:	Email:

Other Details

Languages Spoken: <i>(Please give details)</i> :	Spoken:			Written:			
	<i>Fair</i>	<i>Good</i>	<i>V. Good</i>	<i>Fair</i>	<i>Good</i>	<i>V. Good</i>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you hold a current Driving Licence?							
How many days have you had off sick / absent in the past year?							
Current notice period:			Expected Salary:				
Do you hold a current First Aid Certificate?							
Are you registered disabled?			If yes, what is your registration number?				
Have you ever been convicted of a criminal offence or have any outstanding charges?						Yes <input type="checkbox"/>	No <input type="checkbox"/>

Interests

Please list your spare time interests & hobbies:

Employment History (*current employer first*)

Name & Address of Employer	From	To	Finishing Salary	Reason for Leaving
Position:				

Name & Address of Employer	From	To	Finishing Salary	Reason for Leaving
Position:				

Name & Address of Employer	From	To	Finishing Salary	Reason for Leaving
Position:				

Name & Address of Employer	From	To	Finishing Salary	Reason for Leaving
Position:				

Education

Secondary School	From	To	Subjects	Grades Gained

College / University	From	To	Courses	Qualifications

Special Qualifications & Courses

Computer Skills:
Other Skills:

References

	Referee 1	Referee 2	Referee 3
Name:			
Position:			
Company:			
Address:			
Telephone:			

Confidential Medical Questionnaire

1. Are you currently receiving treatment for any long-standing medical condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please give details:		
2. Have you suffered from an accident or illness which has, or may have, a lasting effect on your health?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you ever suffered a nervous breakdown or any mental illness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Any other details relevant to your application

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I agree that you may approach any of my previous employers to obtain references to support this application. I understand that you will not contact my current employer without my permission until a job offer is made and accepted. I confirm that the information given on this form is correct and that any false statement may be sufficient cause for rejection or, if employed, dismissal.

Signed: _____	Date: _____
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