

Special Qualifications & Courses

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|------------------|
| 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: _____ |
|---------------|-------------|



THE WASHINGTON *m a y f a i r*

5 Curzon Street, London W1J 5HE
Telephone: 020 7499 7000
Facsimile: 020 7495 6172
Website: www.washington-mayfair.co.uk
Email: personnel@washington-mayfair.co.uk

Please Attach Photograph

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, The Washington Mayfair Hotel, 5 Curzon Street, Mayfair, London W1J 5HE

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: | |

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

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| Please list your spare time interests & hobbies: |
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| |
| |
| |

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 |
|----------------------|------|----|---------|----------------|
| | | | | |