



APPLICATION FORM

Thank you for applying to Grange Hotels. All information will be treated as confidential.
Please read the application form carefully and complete all sections.

58 Rochester Row, London SW1P 1JU Telephone: 020 7630 2000 Facsimile: 020 7855 1888
Email: jobs@grangehotels.com Internet: <http://www.grangehotels.com>

OFFICE USE ONLY:

Int: ☐

Hold: ☐

Reg: ☐

(Please Use Block Capitals Throughout)

PERSONAL DETAILS

First Name:					Surname:							
Address:												
Postcode:				How long at this address?:								
Home No.:				Mobile:			Work No.:					
Nationality:				Date of Birth:			Age:					
							Sex:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				
Marital Status:	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED											
No. of Dependants:			Your home is...	<input type="checkbox"/> OWNED <input type="checkbox"/> RENTED <input type="checkbox"/> LIVE WITH RELATIVES <input type="checkbox"/> OTHERS								
Position Applied for:					Pay expected:			Per:				
If offered a position will you continue to work in any other capacity?:					<input type="checkbox"/> YES <input type="checkbox"/> NO							
Do you consider yourself to have a disability?:				<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes please describe the nature of your disability						
Do you own a car?:		<input type="checkbox"/> YES <input type="checkbox"/> NO		Do you have a current driving licence?:		<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, is it clean?:		<input type="checkbox"/> YES <input type="checkbox"/> NO		
If no, can you give details:												
Has any action been taken by you or against you by a previous employer or is any such pending?:									<input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever been found guilty of a criminal offence?:					<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please provide details if conviction not spent:					
Do you have National Insurance No?:			<input type="checkbox"/> YES <input type="checkbox"/> NO		N.I. No:				If no, have applied for one?:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
How long are you intending to stay in UK?:				Years:		Months:		Weeks:				
Are you studying in the UK?:		<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, can you provide days/times:			Days:		Times:			
Do you have a Student Visa?:		<input type="checkbox"/> YES <input type="checkbox"/> NO		Have you applied for one/are you applying for one?:					<input type="checkbox"/> YES <input type="checkbox"/> NO			
Would you like to work:		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		If part time, can you tell us days/time:			Days:		Time:			
Do you have any friends/relatives working for us?:				<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes can you provide the name(s) and where she/he is working:						
Have you any skills, experience or qualifications which you feel would especially suit the job you are applying for?												

PERSONAL DETAILS	Do you have any hobbies / sports / interests ? Please give details:						
	What languages do you speak fluently?		<input type="checkbox"/> ENGLISH	<input type="checkbox"/> FRENCH	<input type="checkbox"/> GERMAN	<input type="checkbox"/> ITALIAN	<input type="checkbox"/> SPANISH
	Other:						

EMPLOYMENT HISTORY	Present / Last employer:				Type of Business:									
	Address:						Postcode:							
	Telephone Number:						Fax Number:							
	Position and Responsibilities:													
	From:				To:				How long for:		Years:		Months:	
	Starting pay:						Leaving pay:							
	Reason for leaving:													

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	Reason for leaving:							

PERSONAL REFERENCES	Name:	Occupation:	Address:	Telephone No:

On which date would you be available for work ?:	
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EDUCATION	Schools:	From:	To:	Examinations & Results:
	College / University:	From:	To:	Examinations & Results:
	Further Education and Courses:	From:	To:	Courses & Results:

HM FORCES SERVICES	Were you in the armed forces?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, which branch ?	
	Dates of Duty:	From:	To:	Rank at discharge:	
	List duties and any special training or experience:				

EQUAL OPPORTUNITIES MONITORING																					
<p>We are committed to equal opportunities. We aim to select and promote all staff solely on merit.</p> <p>In order to monitor the effectiveness of our equal opportunities policies we ask all applicants to provide the following details. The information you provide is for monitoring purposes only, it will not be used as part of the selection process</p>																					
<p align="center">Ethnic Origin</p> <p align="center">Please tick one box which best describes your ethnic origin.</p> <p align="center">This does not mean your nationality or place of birth, but colour and broad ethnic group.</p> <p align="center">UK citizens can belong to any of the groups listed.</p> <table> <tr> <td>Black African</td> <td><input type="checkbox"/></td> <td>White European</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Black Caribbean</td> <td><input type="checkbox"/></td> <td>White Other (please specify)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Black Other (please specify)</td> <td><input type="checkbox"/> _____</td> <td>Pakistani</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Irish</td> <td><input type="checkbox"/></td> <td>Bangladeshi</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Indian</td> <td><input type="checkbox"/></td> <td>Other (please specify)</td> <td><input type="checkbox"/> _____</td> </tr> </table> <p align="center">These categories are recommended by The Commission for Racial Equality</p>		Black African	<input type="checkbox"/>	White European	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	White Other (please specify)	<input type="checkbox"/>	Black Other (please specify)	<input type="checkbox"/> _____	Pakistani	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/> _____
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DECLARATION

I CONFIRM THAT I AM LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UK AND THE FACTS SET FORTH IN THIS APPLICATION FOR EMPLOYMENT ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE. I HEREBY GIVE CONSENT FOR PROCESSING OF ALL PERSONAL DATA IN ALL FORMATS WHATSOEVER RELATING TO MYSELF RECEIVED, GIVEN TO OR OBTAINED PRIOR TO, DURING AND AFTER MY POTENTIAL OR ACTUAL EMPLOYMENT.

DATE ____/____/____

SIGNATURE

OFFICE USE ONLY

FIRST INTERVIEWER:

REFERENCE REQUEST:

AUTHORIZED BY:

Position:

Initial Place of Work:

Commencement Date:

Contact:

Uniform:

Salary: