

FOR OFFICE USE ONLY

Action:

Reason:

Ref No:

**APPLICATION FOR EMPLOYMENT
STRICTLY CONFIDENTIAL****THE PURPOSE OF THIS FORM**

It is important for us to know as much as possible about you so that the Company's needs can be matched with your particular talents and expectations. Please complete this form carefully. It is an important part of our selection procedure and will help us make the best use of any interview that may follow.

Please answer all the questions. If a question is not applicable to you please indicate this by the use of the letters 'N/A'. Where multiple choice boxes are used please indicate your answer by ticking (✓) the appropriate box.

As this form may be photocopied, please type or write your answers clearly in black or dark blue ink/biro.

If you are unable to complete this form because of a disability, please contact the personnel department on the number given on the back page of this form.

PERSONAL DETAILSMr Ms Mrs Miss Dr

Surname

Forename(s)

Date of Birth

Place of Birth

Surname at Birth/Other previous names

Present Address

Home Telephone Number

Business Telephone Number (if contactable)
(Will be used discreetly)

E Mail Address

AVAILABILITY FOR WORK

As a 365 days a year operation we require staff to work a variety of shifts, weekends and Bank Holidays.

Please indicate which of the following you would be able to work:

Weekends Yes NoWork after midnight Yes NoStart work before 8.00am Yes NoBank Holidays Yes NoChristmas and New Year Yes No

Are there any special religious festivals or days you are unable to work?
Please specify:

GENERAL

Do you have any commitments relating to the performance of public duties that may affect your availability for work; eg Retained Fireman?

If 'Yes' please specify Yes No

If offered employment will you continue to be employed elsewhere?

If 'Yes' please specify Yes No

If your application for this position is unsuccessful would you wish to be considered for alternative positions?

If 'Yes' please state type of work interested in Yes No**POSITION APPLIED FOR:**

(if a general enquiry please indicate preference eg Admin, kitchen, etc)

 Full Time Part Time Temporary**HOW DID YOU FIND OUT ABOUT THE VACANCY:** Newspaper (please specify): Center Parcs Employee (please give name): Website Other (please state):**PREVIOUS EMPLOYMENT/PERSONAL CONTACTS**Have you previously worked for Center Parcs? Yes No

If 'Yes' please detail date and position of employment.

Have you previously applied for a position with Center Parcs?

 Yes No

If 'Yes' please give details of position and date of application.

Have you any relatives previously or currently employed by Center Parcs?

If 'Yes' please give details. Yes No**MEDICAL HISTORY**

Is there any type of work that you are not able to do for medical/health reasons?

If 'Yes' please give details. Yes No

A condition of your employment is that you may be required to have a medical examination. Are you willing to undergo such an examination? Yes No

WORKING ARRANGEMENTS

Do you have any physical/mental conditions which might require special working arrangements/adjustments to be made. Yes No

If 'Yes' please give details.

TRANSPORTDo you hold a full driving licence? Yes No

Detail any endorsements:

Do you possess your own transport? Yes No

If 'No' how do you propose to travel to work?

ETHNIC ORIGIN

To enable the Company to satisfy the Code of Practice on Race Relations in Employment, applicants are asked to state their ethnic origin below. This information is given on a **voluntary basis** and will only be used for monitoring purposes. If you do not wish to complete this section it will not prejudice your application.

I would describe my ethnic origin as:

 Black or Black British Mixed Asian or Asian British Chinese White Other (please state) _____**WORK PERMITS**

A work permit is required by all non-EC citizens and Commonwealth citizens without a right of abode or settled status.

Do you require a work permit? Yes No**REHABILITATION OF OFFENDERS ACT 1974**

Have you been convicted of a criminal offence which is not 'spent' or exempted under the terms of the Rehabilitation of Offenders Act 1974? Yes No

If 'Yes' please give details.

EDUCATION AND TRAINING

GENERAL EDUCATION

Please detail education since age 11.

Dates				Name and Address of School	Subjects studied	Qualifications obtained
From		To				
M	Y	M	Y			

FURTHER EDUCATION/TRAINING

Please give details of further education since leaving school including training courses. State under 'Type of Training' if full time, day release, evening or correspondence.

Dates				Name of College or University	Type of Training	Subjects studied	Qualifications obtained where appropriate
From		To					
M	Y	M	Y				

Professional Organisations. Please give details of membership.

EMPLOYMENT DETAILS

Present or last employer.

Full Time

Part Time

Full Name and Address of Employer:

Reason for Leaving or Applying for this Position:

Tel. No:

Notice Required:

Job Title:

Employed From:

Reporting To:

Employed To:

Main Responsibilities:

Salary and Benefits:

Any offer of employment will be subject to receipt of a satisfactory reference from your present employer. Please indicate whether we may contact them prior to an offer of employment.

Yes

No

PREVIOUS EMPLOYMENT

Please list recent first and work backwards. Do not include current or last employer detailed on previous page.
Please give details of voluntary or unpaid work experience.

Dates				Name and Location of Employer	Job Title and Responsibilities	Full Time/ Part Time	Reason for Leaving
From		To					
M	Y	M	Y				

EMPLOYMENT BREAKS

Dates				Please explain any breaks in the above employment history and list periods of registered unemployment
From		To		
M	Y	M	Y	

FURTHER INFORMATION

Please detail in this section any information you would like to give in support of your application.
Please attach additional sheets if required.

LEISURE INTERESTS

Please detail here any activities you undertake in your spare time.

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REFERENCES

Any offer of employment will be subject to the receipt of satisfactory references covering your activities over the last three years. The first reference will be sought from your present employer (as detailed on page 2), please provide the full names and addresses of two other referees from **your previous employers**. If you have NOT been employed please give details of two individuals other than family or friends who may be contacted for a character reference, e.g. priest, headmaster, professional contact. Please do NOT give the name of your doctor unless a previous employer.

Referee 1

Referee 2

Referee 3

Name

Address

Tel

Please indicate whether we may contact any of your referees prior to an offer of employment:

Referee 1 Yes No

Referee 2 Yes No

Referee 3 Yes No

DECLARATION

In order for us to comply with various legal requirements, we require you to authorise the following disclosures:

MEDICAL

Failure to allow the company access to medical information will restrict our ability to make appropriate judgements about your fitness for employment and could result in employment being withheld or terminated. In order to allow us access to relevant medical information held by your General Practitioner or consultant/specialist please sign the declaration below. Furthermore, you should be aware that any information disclosed to the Company's medical personnel relevant to your employment or the termination of your employment will be disclosed to any appropriate Managers within the company.

You have a right to refuse this request and to have sight of and amend any reports you consider inaccurate. I agree that I have read the above disclosure and hereby give my authorisation.

Signed: _____ Date: _____

Please print name: _____

DATA PROTECTION

By signing and returning this application form, I consent to Center Parcs using and keeping information about me, provided by me or by third parties, such as references, relating to my application or future employment. Such information may include details relating to my health and any unspent criminal record.

Signed: _____ Date: _____

Please print name: _____

WORKING WITH CHILDREN (to be completed by all applicants)

Given the nature of our business many of our employees will come into contact with children and some will be taking direct supervisory care of them for specific activities. All employees are therefore required to respond to certain questions that relate to their suitability to work in an environment where children are present as detailed below:-

Have you ever been convicted of a criminal offence or been the subject of a Caution or Bound Over Order or been subject to any disciplinary action or sanctions relating to child abuse? Yes No

Have you ever applied for and been refused registration as a child minder? Yes No

Are you known to any Social Services Department as being an actual or potential risk to children? Yes No

Have you been disqualified or prohibited from fostering children or had your rights or powers in respect of any child vested in or assumed by a Local Authority? Yes No

Have you had a child ordered to be removed from your care? Yes No

Signed: _____ Date: _____

Please print name: _____

GENERAL

I confirm that to the best of my knowledge the information given on this form is complete and correct. I understand that any offer of employment will be subject to satisfactory references and medical examination. Any misleading statement or deliberate omission will disqualify my application and lead to dismissal.

Signed: _____ Date: _____

Please print name: _____

PLEASE RETURN THIS FORM TO:

The Personnel Department, Center Parcs Ltd, Head Office, One Edison Rise, New Ollerton, Newark, Nottinghamshire NG22 9DP, or you can hand your form in to our Security Lodge. Telephone 0870 067 3000.

Thank you for taking the time to complete this document. **Due to the volumes received, we are not able to acknowledge all applications.** Should you require an acknowledgement, please enclose a stamped addressed envelope with this form and we will return a copy of the front page of your application to you as a record of receipt. It usually takes us 6 to 8 weeks to make an appointment. If you have not heard from us after this period, please assume that your application has been unsuccessful.