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| **SECTION ONE | Personal Information and Declaration** | | | | | |
| **Position** |  | **Closing Date** |  |  | /06-16/ |

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| **Contact Details** | | | | | | |
|  | | | | | | |
| **Surname** |  | **Forename(s)** |  | | **Title** |  |
| **Address** |  | | **Telephone** |  | | |
| **Mobile** |  | | |
| **Post Code** |  | | **Email** |  | | |

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| **Do you hold a current valid Driving Licence?** | | | |  | **Do you have access to a car/vehicle for business use?** | | | |
| **Yes** |  | **No** |  |  | **Yes** |  | **No** |  |
| **Details of Endorsements** | | | | | | | | |
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| **References** | |
| Please detail here the name, address, telephone number and email address of two persons from whom we may obtain references, at least one must be your current or most recent employer (prior permission will be sought before contacting any referee): | |
| **Work Reference** | **Work or Character Reference** |
| **Name Occupation Address  Telephone Email** | **Name Occupation Address  Telephone Email** |

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| **Criminal Record** |
| Please note any criminal convictions except those ‘spent’ under the Rehabilitation of Offenders (Northern Ireland) Order 1978. If none please state. |
|  |
| **Health Details** |
| Please specify any special arrangements you require to attend for interview? |
|  |
| Please list any absences from work in the past twelve months (periods of one week or more) |
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| Do you consider yourself disabled (as classified under the Disability Discrimination Act)? Yes No  If yes please provide further details: |
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| **Education and Professional Bodies** | | | |
| Please detail all courses which are relevant to the post, including any courses which you are currently undertaking. Where appropriate indicate current membership of professional bodies, including membership number. | | | |
| **Institution** | **Course/Subject** | **Dates (from-to)** | **Qualification/Grade** |
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| **Hospitality Qualifications** | | | | | | | | |
| Please tick if you have any of the following qualifications, and where appropriate indicating date achieved/expiry: | | | | | | | | |
| **Qualification** | | **Please Tick** | **Training Provider/Institute** | | | | **Date Achieved /Expiry Date** | |
| Food and Hygiene – Basic | |  |  | | | |  | |
| Food and Hygine – Advanced | |  |  | | | |  | |
| First Aid | |  |  | | | |  | |
| Security Industry Authority (SIA) | |  |  | | | |  | |
| Countermeasures | |  |  | | | |  | |
| World Host | |  |  | | | |  | |
| Mixology / Cocktail | |  |  | | | |  | |
| Wine Education & Sprit Trust (WEST) | |  |  | | | |  | |
| Other – please state | |  |  | | | |  | |
| **Eligibility to Work in the United Kingdom** | | | | | | | |
| To comply with the Asylum and Immigration Act 1996, all prospective employees will be asked to supply evidence of eligibility to work in the UK. We will ask to see an appropriate official document (e.g. a document showing your national insurance number, if you have one, your birth certificate, passport or similar documentation). **Do not** send these now; further information will be sent to you if you are shortlisted to be invited for interview. | | | | | | | |
| **Do you require a work permit or visa to work in the UK?** | | | **Yes** |  | **No** | |  |
| **If you already hold a work permit, what is the expiry date?** | | |  | | | | |

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| **Declaration** | | | |
| **I confirm that the information provided by me is complete and correct and that any untrue or misleading information will disqualify me from appointment; or if appointed, give my employer the right to terminate any employment offered.** | | | |
| **Signed:** |  | **Date:** |  |

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| **All completed application forms must be returned to:** | **Email**  **Post** | marysbar@btconnect.com  Thomas Doherty c/o Mary’s Bar 10 Market Street Magherafelt BT45 6ED |
| **Deadline for receipt of completed applications forms:** | 12 noon Monday 13th June 2016 | |
| **Incomplete applications or applications received after the deadline will not be considered** | | |

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| **SECTION TWO | Employment** | | | | |
| **Current or Most Recent Employment** | | | | |
| **Employer Name and Address** | **Position Held** | **Dates (From – To)** | **Salary Details** | **Notice Required** |
|  |  |  |  |  |
| **Brief description of duties, responsibilities and key achievements *(please limit your response to this text box – no additional pages will be reviewed)*:** | | | | |
| **Reason for leaving** |  | | | |

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| **Previous Employment** | | | | |
| **Employer Name and Address** | **Position Held** | **Main Duties** | **Dates  (from –to)** | **Reason for Leaving** |
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| **Previous Employment (cont)** | | | | |
| **Employer Name and Address** | **Position Held** | **Main Duties** | **Dates  (from –to)** | **Reason for Leaving** |
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| **SECTION THREE | Assessment Criteria** |
| **Essential Criteria** |
| **Please confirm that at the closing date you will be over 16 years of age (proof of age will be sought at interview):** |
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| **Desirable Criteria** |
| **Please provide evidence of at least 6 month’s previous experience of cash handling / till operation** |
|  |
| **Please provide evidence of at least 6 month’s previous experience of serving alcohol in a licensed premises** |
|  |
| **Please provide evidence of at least 6 month’s previous experience of customer service** |
|  |
| **Please provide evidence of previous experience of working in the hospitality / entertainment sector** |
|  |
| **Please provide evidence of holding a recognised qualification in the area of food / drink service / hospitality** |
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| **Additional Information** |
| **Please provide any additional information of your knowledge, skills and abilities which is relevant to your application** |
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