



Tel: 01344 383975 Fax: 01344 383973
E-mail: recruitment@crown-golf.co.uk

Please complete in **BLOCK CAPITALS**

Mr/Mrs/Miss/Ms (delete as appropriate)

Surname

First Name (s)

Job Applied For

Please Indicate Whether You Prefer:

Part Time or Full Time (Please X as appropriate)

Full Time:

Part Time:

When You Have Completed This Form Please Return To:

Attach club label



Job Application Form

SOME GUIDELINES TO HELP YOU

Our team members play a key role in providing excellent customer service. To help you achieve this we will train you to do your job and encourage you to look for every opportunity to use your skills and talents. This is your opportunity to tell us as much as possible about yourself. It will help us to make a fair decision to select the people who can naturally give excellent customer service. Please read this form thoroughly, then complete it carefully and fully, in your own handwriting. Please ensure that you complete ALL sections. Your application will be treated in the strictest of confidence.

PERSONAL DETAILS

Surname Address

Forename

Nationality

Email Post Code

Telephone Mobile

ABOUT YOUR EDUCATION

Name and Address of School/College	Qualifications (include GCSE/O or A levels, NVQ work based courses and any further education)	Grade	Year Passed

Are you presently or are you going to return to full time or part time education? Yes No

If yes, please give details:



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ABOUT YOUR WORK EXPERIENCE

Please list your work experience including part time, and voluntary work. Start with your present or most recent Employer.
Please continue on a separate sheet if necessary.

Full Name and Postal Address of employer:	From:	To:	Position held:	Your responsibilities and reason for leaving:

If you have not held a job, have you been studying or are you returning to work after a break?

Continued employment is subject to receipt of satisfactory references. Therefore, we will ask your current and/or previous employers for references. These will only be taken up once you have accepted an offer.

Will you continue to be employed by your current employer? (please X as appropriate) Yes No

If so, how many hours will you be working weekly? Notice required to leave present employer

If successful, when can you start work? (please give earliest start date)

Do you have any holidays booked? Yes No Dates.....

HOURS AVAILABLE TO WORK (CASUAL EMPLOYMENT ONLY) (Tick as appropriate)

TIME	MON	TUES	WED	THURS	FRI	SAT	SUN
06.00 – 07.00							
07.00 – 08.00							
08.00 – 09.00							
09.00 – 10.00							
10.00 – 11.00							
11.00 – 12.00							
12.00 – 13.00							
13.00 – 14.00							
14.00 – 15.00							
15.00 – 16.00							
16.00 – 17.00							
17.00 – 18.00							
18.00 – 19.00							
19.00 – 20.00							
20.00 – 21.00							
21.00 – 22.00							
22.00 – 23.00							
23.00 – 24.00							
00.00 – 01.00							
01.00 – 02.00							
02.00 – 03.00							
03.00 – 04.00							
04.00 – 05.00							
05.00 – 06.00							

ABOUT YOUR SKILLS

This section allows you to give us real life examples. Please tell us how you dealt with each of the situations below. What did you do, how did you do it and what happened? You can use examples from your work, school, family life or hobbies.

YOU MUST COMPLETE EACH SECTION OTHERWISE WE CANNOT PROCESS YOUR APPLICATION.

Had to be patient and polite with an individual/group of people e.g. customer, workmate, friend under difficult circumstances

Had to work hard to get something done properly and on time.

MEDICAL QUESTIONNAIRE

Under The Equality Act 2010 you are not obliged to answer any of the following questions. However, any information you choose to provide will enable us to make any reasonable adjustments that may be necessary to your job role or workplace.

I understand that the company reserves the right to arrange a medical examination for a team member at any time.

Doctor's Name and Address
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Answer the following questions, ticking the appropriate YES/NO box. If the answer is YES give details with appropriate dates in the "remarks" column below

	Yes	No	Remarks		
1. Have you ever had any of the following?:			h. Any carrier disease (e.g. Typhoid or Dysentery)		
a. Blackouts, epilepsy, fainting attacks or giddiness			i. Diabetes		
b. Heart trouble			j. Ear infection		
c. Raised blood pressure			k. Foot trouble		
d. Tuberculosis			l. Varicose veins		
e. Asthma or bronchitis			m. Rupture		
f. Nervous or mental disorder or "nerves"			n. Back trouble causing time off work		
g. Skin trouble			o. Gastric disorder or stomach trouble		
2. Is there anything else concerning your medical history or state of health that is relevant to your application?					
3. Is your eyesight satisfactory?					
4. Are you at present having any injections, medicines, pills or tablets prescribed by a Doctor?					
5. Have you had an operation? If so, for what and when or suffered any serious accident or illness?					
6. Have you stayed away from work or school in the past year? If so, why and for how long?					
7. Have you had a chest X-Ray? If so, give place, date and result					
8. Are you a disabled person? If yes give details as shown:			<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Registration No:</td> <td style="border: none; width: 50%;">Nature of Disability:</td> </tr> </table>	Registration No:	Nature of Disability:
Registration No:	Nature of Disability:				

I declare that all the foregoing statements are true and complete to the best of my knowledge and belief.

I give permission for Crown Golf to communicate with my GP or other medical attendant if necessary.

I understand that completion of this form does not guarantee employment. I certify that all the information given is true and accept that any mis-statement or suppression of information may mean cancellation of any appointment which may be offered or made.

Subject to satisfactory return of references

Date..... SIGNATURE OF APPLICANT.....



Job Application Form

REFERENCE REQUESTS

Current Employer

Contact Name _____

Address Details _____

Tel No. _____

Previous Employer

Contact Name _____

Address Details _____

Tel No. _____

Personal Reference (not family)

Contact Name _____

Address Details _____

Tel No. _____

DECLARATION

In order for us to process your application form it is important that the information you provide is accurate and that ALL sections are completed. Your signature below confirms that the information you have given us is true and accurate.

SIGNED..... Date.....

Some or all of this information may be retained on our computer systems in accordance with the rules set out in the Data Protection Act 1984.



Job Application Form

OUR COMMITMENT TO EQUAL OPPORTUNITIES

Crown Golf is committed to an equal opportunities policy in employment and will assess applicants for jobs without regard to age, disability, marital status, race, sex or sexual orientation. To enable the Company to monitor this policy, this application form includes questions relating to these topics. Please indicate to which of the following groups you belong:-

(Please X as appropriate)

Marital Status Married Single Other (Please specify)

Gender Male Female

Have you a disability you would like us to know about? Yes No If yes, please describe.....

If you have a disability, what adjustments, if any, can we make to assist your application?.....

Have you ever been convicted of any criminal offences which are not yet spent under rehabilitation?

(Offender Act 1974) Yes No

If yes, give details.....

It may be necessary to undergo a CRB check when conducting certain jobs within the club. Would you be willing to do this?

Yes No

Please X the box which best describes your ethnic origin

White Black/Caribbean Black/African Black Other

Indian Pakistani Bangladeshi Chinese Other

Are you legally entitled to work in the UK? (Please X as appropriate) Yes No

Asylum and Immigration Action 1996:

In line with the Asylum and Immigration Action 1996 we have to ask for proof of your rights to work in the UK. Therefore, if you are invited to interview, please bring with you the original and a photocopy of one of the following:

- ✓ Current passport
- ✓ Current EEA/Switzerland passport or national identity card
- ✓ British Birth Certificate
- ✓ Home Office letter granting indefinite leave to stay in the UK
- ✓ Passport/Travel Document indicating you can stay and undertake work applied for
- ✓ Current Work Permit

Or some other documentation listed by the UK Border Agency as proof of eligibility.



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