



# CATERING AND HOSPITALITY APPLICATION FORM

Greetwell Place, 2 Limekiln Way, Lincoln, LN2 4US  
 Telephone: (01522) 536020 Fax: (01522) 540007  
 Email: [info@apragency.co.uk](mailto:info@apragency.co.uk)

ID	NI	Database (date & initials)
Student		Yes / No
Vegetarian		Yes / No

Please complete giving as much detail as possible – Delete Yes / No answers where applicable

First Name	Surname	Date of Birth	
Address		Age	
		Nationality	
Postcode	Email	NI No	
Tel No.			ID card type & No.
Mobile No.	Name of Next of Kin		
Male/Female	Smoker	Yes / No	Contact No.

Work Permit Required	Yes / No (if yes, please submit for photocopying)	Visa expiry date:	
Date Available		Notice Required	
Do you have any disability / illness which may affect your work			
Brief summary of qualifications			
Driving Licence	Yes / No	Car Owner	Yes / No
Moped/Motorcycle	Yes / No	Cycle	Yes / No
Driving Licence Number:			
Are you interested in Permanent or Temporary Positions or both?			
Do you have a criminal record?	Yes / No	Is your conviction spent?	Yes / No

PLEASE INDICATE WHICH TYPE OF WORK YOU ARE AVAILABLE FOR			
Catering Assistant	Housekeeper / Chambermaid		
<b>Chef - Commis</b>	<b>Manager</b> – Hotel/Accommodation		
De Partie	Hotel Assistant Manager		
Head	Procurement – Hotel & Catering		
Pastry	Restaurant / Public House		
Sous	Security (must have SIA Cert.)		
Cook / Chef (706 pt 2 or 3 or NVQ equivalent)	Silver Service		

Work Wear	Please detail any safety / work wear not listed
Black and Whites	Yes / No
Chef Knives	Yes / No
Chef Whites	Yes / No
Safety Footwear	Yes / No
Equipment/Qualifications	Please detail below relevant qualifications and equipment not already listed

Please note: Payment **CANNOT** be made by cash.

PLEASE COMPLETE YOUR BANK DETAILS – ACCURATELY									
Bank/Building Society									
Roll No (Building Society only)									
Account No (8 numbers only)								Sort Code	
Name of Account Holder								Entry Confirmed	
FOR OFFICE USE ONLY									
Start Date:		Client:							
Pay:	£	Position:							
Payroll No:	TO	Leaving Date:							

**Employment History (last 2 jobs) Current Employment/most recent first. Notice required if any.**

Current / Last Employer – Name & Address	Date Started	Date of Leaving	Salary / pay rate at Date of leaving	Your Job Title & Department
Reason for leaving (please give details)			Absence: Please tell us how many days you were absent from work and for any reason other than holiday	
Previous Employers - Name & Address	Date Started	Date of Leaving	Salary / pay rate at Date of leaving	Your Job Title & Department
Reason for leaving (please give details)			Absence: Please tell us how many days you were absent from work and for any reason other than holiday	

References – Previous employers only and / or character referee (not a family member)  
 Please note: Your current employer will not be contacted unless we have your permission to do so.

Contact Name + Position	Company Name	Address	Company Tel No.
Contact Name + Position	Company Name	Address	Company Tel No.

<b>Signature:</b>	<b>Date:</b>
-------------------	--------------

<b>OFFICE USE ONLY</b>	Date of interview		Interviewed by	
What specific type of work is required?				
What relevant experience does the applicant have?				
How many days / hours work is required?				
How long is the applicant available for work?				
What is the minimum take home pay required?				
Is transport required to and from work?				
How / where did you hear about APR?				
Why did you choose APR for work?				

**CONSULTANT NOTES:**

Identity Document Presented .....NI Document Presented..... Viewed By.....