



APPLICATION FORM
(Please attach a current photograph)
LONDON FINE DINING GROUP

POSITION APPLIED FOR: _____
SALARY REQUIRED: _____

The following information will be treated in the strictest confidence.

PERSONAL

(Please complete this section in BLOCK CAPITALS)

Surname:		First Name(s):	
Address:			
Contact Tel. No:	Are you aged over 18?		YES/NO:
National Insurance No.			
Do you have a food hygiene certificate?	YES/NO:		
Do you have a liquor licence?	YES/NO:		
Are you subject to any restrictions or covenants which might restrict your working activities?			YES/NO
If YES, please give full details			
Are you willing to work overtime and weekends if required?			YES/NO
Please give details of any hours which you would not wish to work:			
Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?			YES/NO
If YES, please give full details			
If offered employment, you will be required to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination before employment?			YES/NO
Have you ever worked for this business before?			YES/NO
If YES, please give full details			YES/NO
Have you applied for employment with this business before?			YES/NO
Do you need a work permit to take up employment in the U.K.?			YES/NO
If YES please give registration number			
If YES please give expiry date of work permit			
How much notice are you required to give to your current employer?			

EDUCATION

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

Please give details of membership of any technical or professional associations:

Please list any foreign languages spoken and the level of competence:

EMPLOYMENT DETAILS

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

PRESENT OR LAST EMPLOYER

Are you currently employed? YES/NO

Name of present or last employer:		
Address:		
Telephone No:		
Nature of business:		
Job title and a brief description of your duties:		
What was your rate of pay/salary?		
Reason for Leaving:		
Length of Service:	From:	To:

INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES (e.g. hobbies, sports, club memberships)

SUPPLEMENTARY INFORMATION

Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths.

DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal

I understand these details will be held in confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

Signature:	Date:
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REFERENCES

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? YES/NO

Name:	Name:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:

SOURCE OF APPLICATION

How did you hear of this vacancy?

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