

CONFIDENTIAL
Application for Employment



Position for which you are applying:

Please attach photograph here.

Your application will not be processed if a photograph is not attached.

Please note that all candidates are treated equally regardless of their sex, sexual orientation, marital status, race or disability.

Personal Details (Block capitals)

Surname: First Names: Maiden and Other names:	Mr/Mrs/Miss/Ms: Date of birth:
Address: Postcode:	Email address: Telephone number (including STD code) Home: Mobile:
Nationality: If you are a non-EC National please provide the following. Passport number: Issued at: Expiry Date:	Do you require a Work Permit to be employed in the United Kingdom? YES/NO Category of work permit: Police Book No: Expiry date:

Education and Training

Secondary School/ College/ University attended	Full or Part-time	From	To	Course(s) taken or currently studying	Examination results (including grades)

Other relevant training courses attended:

References

Give names and addresses and telephone numbers, if possible, of two referees including your present and most recent employer.

1. Tel:	2. Tel:
--	--

Referees will only be contacted once an offer of employment has been made. References are confidential.

Additional Information

Please use this space, and/or a separate sheet to provide additional relevant information. School leavers should include details of any school positions of responsibility, vacation employment, work experience, hobbies or specialist interest.

Have you at any time been convicted of a criminal offence? YES/NO

Please note any criminal convictions except those “spent” under the Rehabilitation of Offenders Act 1974. If none, please state. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Disclosure and Barring Service (DBS).

Declaration (please read this carefully before signing this application)

I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with General Data Protection Regulations (job applicant privacy notice is available on request).

I agree that should I be successful in this application, I will, if required, apply to the Disclosure and Barring Service (DBS) for a basic disclosure. I understand that should I fail to do so or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signature of applicant: Date:

**Please return your completed form and CV to:
Opera House Casino, 56-64 St Thomas Street, Scarborough, North Yorkshire, YO11 1DU
enquiries@operahousecasino.co.uk**