

## POSITION APPLIED FOR:

### PERSONAL DETAILS

FORNAMES:

SURNAME:

ADDRESS:

NATIONALITY:

PLACE OF BIRTH:

ARE YOU AGED 18 YEARS OR OVER? YES/NO

TELEPHONE NUMBER

NATIONAL INSURANCE NUMBER:

E-MAIL ADDRESS:

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED KINGDOM? YES/NO

**YOU MUST PROVIDE THE CORRECT DOCUMENTATION TO VERIFY THAT YOU ARE ELIGIBLE TO WORK IN THE UK.**

DO YOU HOLD A CURRENT UNITED KINGDOM GAMBLING COMMISSION LICENCE? YES/NO

IF YES PLEASE GIVE DETAILS:

### GENERAL DETAILS

NOTICE PERIOD OF CURRENT POSITION (if applicable)

ARE YOU IN GOOD HEALTH? YES/NO

IF NO PLEASE GIVE DETAILS:

DO YOU CONSIDER YOURSELF DISABLE, UNDER THE DISABILITY DISCRIMINATION ACT?

ARE YOU ABLE TO UNDERTAKE SHIFT/NIGHT WORK? YES/NO

IF NO PLEASE GIVE DETAILS:

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY POSITION? YES/NO

IF YES PLEASE GIVE DETAILS:

HAVE YOU EVER BEEN MADE BANKRUPT, ENTERED INTO A COMPOSITION WITH CREDITORS, OR AN INDIVIDUAL VOLUNTARY ARRANGEMENT UNDER THE INSOLVENCY RULES 1986? YES/NO

IF YES PLEASE GIVE DETAILS:

### PREVIOUS CONVICTIONS

INFORMATION FROM THE POLICE WILL BE SOUGHT ABOUT ALL SUCCESSFUL APPLICANT, INCLUDING DETAILS OF ANY OFFENCES COMMITTED UNDER THE REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1975.

HAVE YOU EVER BEEN OFFICIALLY CAUTIONED, REPRIMANDED OR CONVICTED OF ANY CRIMINAL OFFENCE BY THE POLICE OR OTHER ENFORCEMENT AUTHORITY? YES/NO

IF YES PLEASE GIVE DETAILS:

## EDUCATION

| SCHOOL/COLLEGE/UNIVERSITY | ADDRESS | EXAMINATIONS/RESULTS/QUALIFICATIONS |
|---------------------------|---------|-------------------------------------|
|                           |         |                                     |
|                           |         |                                     |
|                           |         |                                     |

## PREVIOUS EMPLOYMENT

LIST DETAILS STARTING WITH THE MOST RECENT

| NAME, ADDRESS AND TELEPHONE NUMBER OF COMPANY | FINAL POSITION AND SALARY HELD | DATES EMPLOYED FROM/TO | REASON FOR LEAVING | CONTACT NAME AND CONTACT DETAILS |
|---|--------------------------------|------------------------|--------------------|----------------------------------|
|   |                                |                        |                    |                                  |
|   |                                |                        |                    |                                  |
|   |                                |                        |                    |                                  |

## PERSONAL REFEREES

NOT MEMBERS OF YOUR FAMILY

NAME:

NAME:

ADDRESS:

ADDRESS:

TELEPHONE NUMBER:

TELEPHONE NUMBER:

RELATIONSHIP TO YOU:

RELATIONSHIP TO YOU:

## HOBBIES/INTERESTS

## FURTHER INFORMATION

PLEASE GIVE DETAILS OF ANYTHING YOU FEEL MIGHT ENHANCE YOUR APPLICATION TO THE FOX POKER CLUB. THINGS TO INCLUDE LANGUAGES SPOKEN/WRITTEN, TRAINING COURSES ATTENDED OR ANY OTHER ACHIEVEMENTS/EXPERIENCES.

## DECLARATION

I CONFIRM THAT THE INFORMATION GIVEN ON THIS FORM IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE. ANY FALSE STATEMENT MAY RESULT IN THE APPLICATION BEING REJECTED, OR IF ALREADY EMPLOYED, DISCIPLINARY ACTION UPTO AND INCLUDING DISMISSAL.

SIGNATURE:

DATE:

THE FOX POKER CLUB IS AN EQUAL OPPORTUNITIES EMPLOYER AND AIMS SO FAR AS IS REASONABLY PRACTICABLE TO PROVIDE A SAFE WORKING ENVIRONMENT FOR ITS EMPLOYEES.

ALL INFORMATION IN THIS APPLICATION FORM WILL BE KEPT ON FILE UNDER THE TERMS OF THE DATA PROTECTION ACT 1998.

## FOR OFFICE USE ONLY

OFFER YES/NO HOLD ON FILE

DOCUMENTATION CHECKED YES/NO

JOB TITLE:

DEPARTMENT:

SALARY:

START DATE:

INTERVIEWERS COMMENTS:

NAME OF INTERVIEWER:

SIGNATURE OF INTERVIEWER:

SIGNATURE OF CLUB DIRECTOR:

DATE: