



**EMPLOYEE NO**

Pleasure Island Family Theme Park  
 Kings Road  
 Cleethorpes  
 North East Lincolnshire  
 DN35 0PL

# APPLICATION FORM

Tel: 01472 211511  
 Fax: 01472 211087

Email: [reception@pleasure-island.co.uk](mailto:reception@pleasure-island.co.uk)  
 Website: [www.pleasure-island.co.uk](http://www.pleasure-island.co.uk)

**PERSONAL**

Surname:	Mr/Mrs/Miss/Ms	First Names:
Address:		Date of Birth:
		Nat. Ins No:
		Tel No Home:
Postcode:		Mobile:
If you hold a current full driving licence what type is it?		Car/P.S.V/H.G.V/None
Please indicate any driving convictions:		
Do you have your own transport?		Yes/No
Are you legally eligible for employment in the UK?		Yes/No (See Declaration)

**NEXT OF KIN**

Surname:	Address:	
First Names:		
Relationship:		
Telephone No:	Postcode:	
Have you ever been convicted of any criminal offence other than a spent conviction under the rehabilitation of Offenders Act 1974?		Yes/No
If yes please give details:		

**EMPLOYMENT**

Please indicate any preferences in type of employment, those on offer are:- <b>Ride Operator, Bar Assistant, Bar Kitchen Assistant, Catering Assistant, Games Assistant, Retail Assistant, Receptionist, Gate Cashier, Admissions Controller, Arcades Assistant, Maintenance/Cleaning Assistant</b>		
1.	2.	3.
If you have previously been employed by this company give details, position held and dates:		
If you have any relatives employed by the company, give names, relationship and location:		
From what date would you be available for work?		
Would you work full time?		Yes/No
Part time – state	Days/	Hours
Please indicate any dates you would not be available for work and the reason why i.e. Exam Dates, Holidays		

**GENERAL EDUCATION AND TRAINING**

School/College/University	From	To	Subjects Studied	Examinations/ Awards
Please give details of your hobbies and interests:				

**PRESENT/RECENT EMPLOYMENT**

Employers Name/Address	Position Held and Description of Duties
Type of Business	Present/Recent Basic Salary
Date Employed From      To	Reason for Leaving

**PREVIOUS EMPLOYMENT**

Employers Name/Address	Position Held and Description of Duties
Type of Business	Present/Recent Basic Salary
Date Employed From      To	Reason for Leaving
Employers Name/Address	Position Held and Description of Duties
Type of Business	Present/Recent Basic Salary
Date Employed From      To	Reason for Leaving

**MEDICAL HISTORY – Please complete all Relevant Sections**

All applicants, irrespective of position, are requested to complete this medical questionnaire. Please note that no one with any form of disability will be discriminated against by the company in any way.

FAMILY DOCTOR (General Practitioner)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have any disability? Yes/No \_\_\_\_\_

Reg. No \_\_\_\_\_

If Yes, please explain \_\_\_\_\_

Please give details of any special arrangements you would require to attend interview \_\_\_\_\_

If you have received treatment from any Doctor in the last twelve months, please give details \_\_\_\_\_

If you have ever had a serious accident, please give details \_\_\_\_\_

Do you know of any medical limitations likely to affect your employment with the company Yes/No \_\_\_\_\_

Are there any other details which you consider may have a bearing on your application? \_\_\_\_\_

Please indicate where you heard about our vacancy. \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

1. The company may apply for references to previous employers, but not to your current employer until you accept a job offer, If you have not been employed please provide the names and addresses of two personal referees, who have given their permission for their names to be used. These should not be relatives.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. PROBATIONERY PERIOD – I agree that my employment by the company will be subject to a probationary period, specified in my offer letter. During the first four weeks my employment may be terminated by either side giving one days notice. Thereafter notice of one week either side is required.

3. SECURITY – In the interest of security I agree to abide by the company search procedure.

4. VALIDITY – I declare that the information given on the application form is, to my knowledge, true. I understand that if it is subsequently discovered that any statement is false or misleading, I may be discharged from employment by the company. I also agree to a medical examination if required and to abide by all company rules as set out in the staff handbook and letter of engagement. In accordance with the Asylum and Immigration Act (1996), if your application is successful, you will need to provide specific documents to evidence that you are legally entitled to work in the UK, before you can start work. This will be discussed during your interview.

5. I understand that this information will be stored in my personnel file with limited access in compliance with the Data Protection Act 1998.

Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_