



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
 Website: 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:- Ride Operator, Bar Assistant, Bar Kitchen Assistant, Catering Assistant, Games Assistant, Retail Assistant, Receptionist, Gate Cashier, Admissions Controller, Arcades Assistant, Maintenance		
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: ____/____/____

BANK DETAILS

All applicants must complete this section of the application form as all wages will be paid directly into the employee's bank account via the BACS system.

Failure to complete this section may result in your application either being rejected or if successful lead to a delay in the payment of wages.

BANK NAME _____ SORT CODE _____

BRANCH _____ ACCOUNT NUMBER _____

NAME OF ACCOUNT HOLDER _____

MANAGEMENT USE ONLY

INTERVIEWED BY _____ ON _____ FOR _____

ACTION TAKEN _____

COMMENTS _____

INTERVIEWED BY _____ ON _____ FOR _____

ACTION TAKEN _____

COMMENTS _____

INTERVIEWED BY _____ ON _____ FOR _____

ACTION TAKEN _____

COMMENTS _____

ENGAGED AS FOLLOWS

EMPLOYEE NUMBER _____ DEPARTMENT _____

POSITION _____

WAGE £ _____ PER _____

START DATE _____

IDENTITY CHECK (please tick)

U.K PASSPORT OVERSEAS PASSPORT

P45 & BIRTH CERTIFICATE P60 & BIRTH CERTIFICATE

NATIONAL INSURANCE CARD & BIRTH CERTIFICATE