

PLEASE  
ATTACH  
PHOTO  
HERE

Please return this form completed to  
Galvin Restaurants, 66 Baker Street, London W1U 7DJ  
T: 020 7935 4007 F: 020 7486 1735

• APPLICATION INFORMATION •

Date of application:	D	D	M	M	Y	Y	Salary requested (gross): £ _____ per shift/week/annum
Date available to start work:	D	D	M	M	Y	Y	If offered this position, will it be your only job: Yes <input type="checkbox"/> No <input type="checkbox"/>
Position applied for:							

• PERSONAL INFORMATION •

Surname:	Mr./Mrs./Miss/Ms. (please delete as appropriate)
First name(s):	Preferred name:
Telephone no.:	Mobile no.:
Present address:	
Post code:	Length of time at present address: _____ years
Accommodation (please tick): Property owner <input type="checkbox"/> Tenant <input type="checkbox"/> Parental home <input type="checkbox"/> No fixed abode <input type="checkbox"/>	
Date of birth: D D M M Y Y	National insurance no.:
Nationality:	Other details:
Do you need a work permit: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes give expiry date: D D M M Y Y	
Have you ever been convicted of a crime, other than a spent conviction under the Rehabilitation of Offenders Act 1974: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please give details:	

• SECONDARY EDUCATION •

Name and address of school/college/university:	Dates:	Qualifications achieved:
	From:	
	To:	
	From:	
	To:	
	From:	
	To:	
Are you studying at present: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please state course:		
Where:	When will you qualify:	
Will you require a particular day off for attending this course: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes which day(s):		

• EMPLOYMENT HISTORY •

Please list most recent or current job first and provide all the information requested

From:	Restaurant/hotel etc. name:	Reason for leaving:
	Company name (if different):	
To:	Name of supervisor/manager:	
	Company address:	
Your position:	Telephone no. (including code):	Gross finishing pay: £ per shift/week/annum

  

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	Company address:	
Your position:	Telephone no. (including code):	Gross finishing pay: £ per shift/week/annum

• MEDICAL SECTION •

Have you had an illness involving more than two weeks off work in the last 5 years?: Yes  No   
 If yes please state:

Are you a registered First Aider: Yes  No

If yes state whether British Red Cross  St. John Ambulance  or other organisations  please state:

Are you on any long term medication? Yes  No  If yes please state details:

Date of course: 

D	D	M	M	Y	Y
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 Expiry date: 

D	D	M	M	Y	Y
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• APPLICATION AGREEMENT •

I confirm that my answers to all questions in this application for employment are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed, affect my application.

I understand that any misleading statement or deliberate omission may be sufficient grounds for cancelling any agreements made.

Applicant's signature:	Please print full name:	Date: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
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