



Sundial Group: venues with values

Application Form - Strictly Confidential

AN EQUAL OPPORTUNITY EMPLOYER

If you require any assistance to complete this form, please contact the venue to which you are applying for a position

Date of Application:	
Centre applied to:	
Position Applied for:	
Name:	E-Mail:
Address:	Telephone Number/s:
Postcode:	
How would you travel to work:	Date available for work:
Are you legally eligible for employment in the UK? If you are not a UK or European Union National, please state your work permit number:	
Have you at any time been convicted of a crime resulting in a prison sentence (actual or suspended) which is not a spent conviction under the Rehabilitation of Offenders Legislation? If Yes, please give brief details	
Please give any other information which you feel may assist your application (e.g. Driving Licence, First Aid Qualifications, Languages, Typing Speed, etc)	
How did you hear of this vacancy?	
Have you previously worked at a Sundial Group venue? Yes / No (If Yes please give details)	
Do you know anyone who works at Sundial?	
Were you recommended for the position by a current Sundial Group employee? If YES, who was the person?	

EDUCATIONAL BACKGROUND

School/College/University	From/To	Qualifications	Subjects

EMPLOYMENT HISTORY

Give details of your last three positions (if applicable) starting with the most recent

Employer/Address	Job title/ main responsibilities	From/to	Reason for leaving	Rate of Pay/salary - Include start and final salary

REFERENCES

Please give details of people who are willing to give you a reference and tick when to contact. Include professional or employer references only.

At any time Only if we offer you a job (Please tick appropriate box)

Name	Position	Contact Address	Telephone No.	Years Known

HEALTH QUESTIONNAIRE

IN CONFIDENCE

Are you in general good health? YES/NO

If NO, please state your medical condition

Are you receiving any medical treatment? YES/NO

If YES, please state what

Have you ever been absent from work/school for 2 weeks or more? YES / NO

Have you ever been refused employment for medical reasons? YES / NO

Have you ever attended an outpatient clinic in the last 3 years? YES / NO

Have you had a course of treatment lasting one month or more? YES / NO

Have you had, or do you have, any of the following?

Heart & circulatory disorders	YES / NO	Depression / nervous trouble / stress	YES /NO
Chest disorders	YES / NO	Abdominal / bowel disorder	YES /NO
Serious head injury	YES / NO	Diabetes	YES /NO
Epilepsy, fits, blackouts	YES / NO	Skin trouble / dermatitis	YES /NO
Mental illness	YES / NO	Neurological disorder	YES /NO
Kidney / genito-urinary disorder	YES / NO	Deafness	YES /NO
Allergy / Severe Hay Fever	YES / NO	Dyslexia	YES /NO
Back problems	YES / NO	Severe migraine	YES /NO
Excessive alcohol consumption	YES / NO	Medical conditions affecting sleep	YES /NO

Do you ever take drugs / substances for non-medicinal purposes? YES /NO

Have you ever had any physical or other disabilities? YES /NO

If you have answered YES to any of the questions above, please give details in the space below, including information regarding on-going problems. YES /NO

ADDITIONAL INFORMATION

Please use the space below to include further information to support your application
Including your main interests and hobbies

Declaration

I declare that to the best of my knowledge the information given on this form is correct.
I understand that incorrect statements may result in the Company terminating my employment.
I understand that any job is subject to satisfactory employment references.

Signed:.....

Date:.....

It is the policy of Sundial to develop a positive approach to equal opportunities in employment regardless of a person's age, marital status, colour, creed, ethnic origin, disability or sexual orientation.

Thank you for applying