



Job Ref. Code: _____

Hotel & Restaurant (Pvt) Ltd.

EMPLOYMENT APPLICATION FORM

The following information will be treated in the strictest confidence.
(Please complete fully in Block Capitals)

Position applied for: _____ Where did you hear about us? _____

Employment Status: Full Time Part Time Temporary

Please outline the hours/shifts you are available to work: _____

APPLICANT'S INFORMATION		
Last Name	Mr. / Ms. /	Initials
First Name		
Date of Birth (DD/MM/YYYY)	NIC No. (for Sri Lankan applicants)	
Nationality	Passport No.	

CONTACT DETAILS		
Mobile Phone	Home Phone	Fax
Email		
Mailing Address		
Permanent Address (if different from above)		

PRESENT EMPLOYMENT		
Post	Year of commencement	
Company		
Official Address		
Mobile #	Phone #	Email

PREVIOUS EMPLOYMENT		list only the last 3 positions, starting from the most recent		
1	Post	Period (years)	To	From
	company			
2	Post	Period (years)	To	From
	Company			
3	Post	Period (years)	To	From
	Institution and Address			

HIGHER OR PROFESSIONAL EDUCATION		list only the highest 3 qualifications (degrees, professional qualifications, diplomas etc), starting from the most recent		
1	Qualification obtained		Year	
	Class/Status	Duration	Medium	
	University / Institution			
	Major subject(s) offered			
2	Qualification obtained		Year	
	Class/Status	Duration	Medium	
	University / Institution			
	Major subject(s) offered			
3	Qualification obtained		Year	
	Class/Status	Duration	Medium	
	University / Institution			
	Major subject(s) offered			

SECONDARY EDUCATION				
GCE (AL) or equivalent	<input type="checkbox"/> Sri Lanka	<input type="checkbox"/> London	<input type="checkbox"/> Other (specify)	Year
School				Medium
Results (Subjects and Grades)				
GCE (OL) or equivalent	<input type="checkbox"/> Sri Lanka	<input type="checkbox"/> London	<input type="checkbox"/> Other (specify)	Year
School				Medium
Results (Subjects and Grades)				

OTHER STUDY PROGRAMMES		if you are currently registered for any other study programme, provide following information	
Study Programme		Registration No.	
Institution			
Starting Date		Ending Date	

REFEREES		provide following details of 2 non-related referees	
1	Name	Prof / Dr / Ms /Mr / Other	
	Designation	Company	
	Phone	Email	
	Address		
2	Name	Prof / Dr / Ms /Mr / Other	
	Designation	Company	
	Phone	Email	
	Address		

DISCLAIMER AND SIGNATURE			
I hereby affirm that the information provided on this application is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.			
Signature		Date	