



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
Names denoted by initials		
Date of Birth (DD/MM/YYYY)	NIC No. (for Sri Lankan applicants)	
Nationality	Passport No.	

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

PRESENT EMPLOYMENT		
Post	Year of commencement	
Institution		
Official Address		
Phone	Fax	Email

PREVIOUS EMPLOYMENT		list only the last 3 positions, starting from the most recent		
1	Post	Period (years)	To	From
	Institution and Address			
2	Post	Period (years)	To	From
	Institution and Address			
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		not mandatory for postgraduate applicants		
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	Institution	
	Phone	Email	
	Address		
2	Name	Prof / Dr / Ms /Mr / Other	
	Designation	Institution	
	Phone	Email	
	Address		

DISCLAIMER AND SIGNATURE			
I certify that the information provided above is true and accurate to the best of my knowledge and I am prepared to abide by the rules and regulations governing the registration and award of degrees of the University of Colombo.			
Signature		Date	