



APPLICATION FOR EMPLOYMENT

PAVH International Limited
 Hotel Victoria
 East Street
 Newquay
 Cornwall
 TR7 1DB

Please complete and return this form to:
 John Maddocks

* These fields are mandatory

* Position applied for:
Where did you see the position advertised?

* Last Name:	* First name(s)
* Address:	Home: Telephone number: Mobile:
Single/married/ Partner/widowed/divorced	Name and address of next of kin:
* National Insurance No:	

EDUCATION DETAILS

* Names of Schools, Colleges of FE and Universities

* Examinations Passed

* Responsible Positions Held

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* Are you eligible for New Deal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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* Memberships of professional bodies:
* Other membership, e.g. JP, TA, School Boards, Governor, Councillor:



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* Leisure interests, hobbies, sports:

*** BUSINESS EXPERIENCE/SKILLS**

* Do you hold a clean driving licence or licence appropriate to your profession/skills? Yes No
 If no, give details:

***EMPLOYMENT DETAILS**

Details are required for up to ten years. A note below should explain any breaks in employment (E.g education, time at home, redundancy etc).

Employer's Name and Address	Position Held and brief description of duties	Reason for Leaving	Salary/Wage
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Present:			
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Employer's Name and Address	Position Held and brief description of duties	Reason for Leaving	Salary/Wage
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<p>* Previous:</p>			
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* Explanation regarding any breaks in employment:

* HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?
 (If yes and the criminal conviction is unspent, please give details):

* REFERENCES please give details of three referees; one your current/last employer (where possible) and two previous or character references, as appropriate.

* Name:	* Name:	* Name:
* Address:	* Address:	* Address:
Tel No:	Tel No:	Tel No:
Occupation:	Occupation:	Occupation:



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* **MEDICAL** Please check the boxes in answer to the questions

* Do you hold a current DSS linking letter BF220, BM7, BM8 or SP1(L) Form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, please give details and dates:	
* Do you have any disabilities about which we should be aware? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please give details:	* Any serious accident/operation/illness within the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please give details:
Have you taken any prescribed medication in the last eighteen months? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please give details:	* Have you had any sickness for more than five days in last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please give details:

DEPENDANTS

Have you any dependants? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many?:		
Date of Birth/Adoption 1. 2. 3. 4.	Relationship	Parental Leave taken in weeks
Have you any dependants who are disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many? (Give Number)		
Date of Birth/ Adoption 1. 2. 3. 4.	Relationship	Parental Leave taken in days

I certify that the information given by me on this form is accurate and that my experience is genuinely represented and qualifications claimed have been attained. Please note that you will be required to give details of your dependants if your application is successful.

