

PLEASURE BEACH GROUP



APPLICATION FOR SEASONAL EMPLOYMENT PRIVATE & CONFIDENTIAL

Position Applied for:

Personal Details

First Name(s)

Surname

(Single/Married/Widowed/Divorced/Separated)

(Male/Female)

(Mr/Mrs/Miss/Ms)

Address

Post Code

Mobile No.

Tel No.

Date of Birth

E-mail address

Age in Years

N.I. No.

Nationality

Town of Birth

How did you hear about this vacancy?

Job Centre

Gazette

College/University

Family/Friends

Personnel Office

Returner

Other

Are you presently attending College or University

yes

no

If so, which one?

Do you have a current driving licence?

Provisional

Full

HGV

Have you any current endorsements? (Give details)

Have you previously been employed by Blackpool Pleasure Beach Group of Companies?

yes

no

If you have previously worked for Blackpool Pleasure Beach Group of Companies it is essential that you detail this in the employment listing section.

If successful in gaining employment will this be your only job?

yes

no

Are you applying for:-

Full Time Seasonal employment

Part Time Seasonal employment

Is there any time of the week you are unable to work, if so please give details

Non-EU Nationals

Do you have a current Work Permit?

yes

no

If yes, what type, number and expiry date?

Education & Qualifications

Education and Training from age 11	Dates From To	Qualifications Subjects / Results

Employment

Please give details of all your employment history working backwards from the most recent

Name & Address of Employer	from Month / Year	to Month / Year	Position Held	Reason for leaving

Have you any Holidays arranged?

yes

no

If yes, please state dates

From:.....

To:.....

References

Please give the name, address, telephone number and position of two suitable referees whom we may contact

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I agree that you may approach any of my previous employers for a reference. I understand that you will not approach my present employer until and unless an offer of employment is made.

Personal Details

Name & Address of next of Kin:

Relationship:

Day time Tel No.:

Emergency Tel No.:

Name / Address of current and previous GP:

SECTION A

Please tick if you are at present suffering from, or have suffered from:

Giddiness	<input type="checkbox"/>	Stroke	<input type="checkbox"/>
Fainting attacks	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>
Fits of blackouts	<input type="checkbox"/>	Varicose veins	<input type="checkbox"/>
Mental illness	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Anxiety or depression	<input type="checkbox"/>	Skin trouble	<input type="checkbox"/>
Recurring headaches	<input type="checkbox"/>	Ear trouble or deafness	<input type="checkbox"/>
Serious injury	<input type="checkbox"/>	Eye trouble	<input type="checkbox"/>
Serious operations	<input type="checkbox"/>	Defective vision	<input type="checkbox"/>
Severe hay fever	<input type="checkbox"/>	(not corrected by glasses or contact lenses)	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Defective colour vision	<input type="checkbox"/>
Recurring chest disease	<input type="checkbox"/>	Back trouble	<input type="checkbox"/>
Recurring stomach trouble	<input type="checkbox"/>	Muscle or joint trouble	<input type="checkbox"/>
Recurring bowel trouble	<input type="checkbox"/>	Hernia / rupture	<input type="checkbox"/>
Recurring bladder trouble	<input type="checkbox"/>	Jaundice or infectious hepatitis	<input type="checkbox"/>

SECTION B

Please tick if you have disabilities that effect:

Standing	<input type="checkbox"/>	Lifting	<input type="checkbox"/>	Working at heights	<input type="checkbox"/>
Walking	<input type="checkbox"/>	Use of your hands	<input type="checkbox"/>	Climbing ladders	<input type="checkbox"/>
Climbing	<input type="checkbox"/>	Driving a vehicle	<input type="checkbox"/>	Working on staging	<input type="checkbox"/>

SECTION C

Do you suffer from any allergies? yes no (if the answer is **YES** please provide details below)

SECTION D

Do you suffer from any mouth, teeth or gum complaints? yes no (if the answer is **YES** please provide details below)

SECTION E

Are you taking any medication at present? yes no (if the answer is **YES** please provide details below)

Could this medication impair your ability to perform your duties, drive or operate machinery? yes no

SECTION F

Are you registered disabled? yes no (if the answer is **YES** what is your registration number)

SECTION G

Have you ever suffered from a painful wrist or elbow? yes no (if the answer is **YES** please provide details below)

1. When did you suffer the pain?
2. Please provide details and reason for the pain
3. Was any treatment given to you? (please provide details)

I agree that Blackpool Pleasure Beach Ltd may contact my GP during the course of my employment to obtain further information and/or copy documentation relating to my medical condition which may affect my ability to perform my duties.

Declaration of Convictions

You must declare ALL convictions in the space below unless that conviction is regarded as 'SPENT' by the Rehabilitation of Offenders Act 1974. 'Spent' convictions and minor motoring offences need not be disclosed.

Write none if you have no offences



Date of Conviction	Court	Offence (Give full details)	Sentence

Are there any criminal proceedings against you pending? yes no

If yes, date of hearing Name of Court

Details of this application form will be forwarded to the Lancashire Constabulary. Applicants should note that to make a false declaration is a serious criminal offence, punishable upon conviction by imprisonment, for a term not exceeding two years or to a fine to be declared by the Court, or both.

I also authorise the Chief Constable of Lancashire to disclose to the Group Managing Director of Blackpool Pleasure Beach Limited, his servant or agent, details of any criminal convictions recorded against me and further I confirm that no proceedings whatsoever will be brought against the Chief Constable, her servant or agent arising from such disclosure

Your details will be held on file for a maximum period of 6 months, if you do not wish your details to be held please tick the box and this application form will be destroyed if you are not successful in securing employment with Blackpool Pleasure Beach Group of Companies.

I HEREBY DECLARE that the information contained on this and all other pages are true and I acknowledge that if I have stated in this application anything which I know to be false, or if I have omitted anything which I know to be material, any such misrepresentations or omission, may be taken into account when my application is considered, and could make me liable to dismissal and prosecution after employment is secured.

Signed Date

FOR OFFICE USE ONLY

Under 18

N.I.

Input

Proof Attached