## **EMPLOYMENT APPLICATION**

STRICTLY CONFIDENTIAL
(Please complete in BLOCK CAPITALS)

	(Flease complete III BLOCK CAPITALS)									
Position(s) applied for										
2. Full name Mr/Mrs/Miss/Ms	I prefer to be called									
3. Address										
Town	County									
4. Telephone Day	Telephone Night									
6. Date of Birth	7. N.I. No. 8. Height									
Are you fit, healthy and prepared to work hard and professionally within a team										
10. Disabilities - Include Signt/Hearin	ng defects									
11. Who shares your address - Paren	ents/Spouse/Brothers/Sisters/Friends - names and ages How long?									
	*.									
12. Current Job, College	How long?									
13. Previous Employers										
	How long?									
	How long?									
How long?										
	How long?									
14. Can we approach previous emplo	oyers for references YES NO									
16. Do you Skate YES N	17. Do you have your own transport for work YES NO									
18. Availability. Are there any times di	during our programme when you would not be available to work - please state day or times									
19. Do you have any holiday booked	YES NO IF YES STATE DATES									
	2									
Today's Date	Applicants Signature  Applicants Signature  ettably your application has been unsuccessful.									

when completed return to Personnel Dept.  $\cdot$  Rollerworld  $\cdot$  Eastgates  $\cdot$  Colchester  $\cdot$  CO1 2TJ



## THIS SIDE TO BE COMPLETED AT INTERVIEW

INTERVIEW 1	D	М	Y	BY		INTERVIEW 2	D	М	Y	BY		
INTERVIEW 3	D	М	Y	BY		INTERVIEW 4	D	М	Y	BY		
Comments and Observations:												
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Position(s) offered Terms of employment												
Starting Pa				ession hour.	7		STA	D	N	4	Υ	