



CHEZ MUMTAJ

Modern French-Asian Fine Dining
Restaurant & Saffron Lounge Champagne Bar

PLEASE
ATTACH
PHOTO
HERE

APPLICATION INFORMATION

Date of application:	D	D	M	M	Y	Y	Salary requested (gross): £	per shift/week/annum
Date available to start work:	D	D	M	M	Y	Y	If offered this position, will it be your only job: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position applied for:								

PERSONAL INFORMATION

Surname:	Mr./Mrs./Miss/Ms. (please delete as appropriate)								
First name(s):	Preferred name:								
Telephone no.:	Mobile no.:								
Present address:									
Post code:				Length of time at present address:					years
Accommodation (please tick): Property owner <input type="checkbox"/> Tenant <input type="checkbox"/> Parental home <input type="checkbox"/> No fixed abode <input type="checkbox"/>									
Date of birth:	D	D	M	M	Y	Y	National insurance no.:		
Nationality:				Other details:					
Do you need a work permit: Yes <input type="checkbox"/> No <input type="checkbox"/>									
If yes give expiry date:				D	D	M	M	Y	Y
Have you ever been convicted of a crime, other than a spent conviction under the Rehabilitation of Offenders Act 1974: Yes <input type="checkbox"/> No <input type="checkbox"/>									
If yes please give details:									

SECONDARY EDUCATION

Name and address of school/college/university:	Dates:	Qualifications achieved:
	From:	
	To:	
	From:	
	To:	
	From:	
	To:	
Are you studying at present: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please state course:		
Where:	When will you qualify:	
Will you require a particular day off for attending this course: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes which day(s):		

EMPLOYMENT HISTORY

Please list most recent or current job first and provide all the information requested

From:	Restaurant/hotel etc. name:	Reason for leaving:
	Company name (if different):	
To:	Name of supervisor/manager:	
Your position:	Company address:	
	Telephone no. (including code):	

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	Company name (if different):	
To:	Name of supervisor/manager:	
Your position:	Company address:	
	Telephone no. (including code):	

MEDICAL SECTION

Have you had an illness involving more than two weeks off work in the last 5 years?: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please state:												
Are you a registered First Aider: Yes <input type="checkbox"/> No <input type="checkbox"/>												
If yes state whether British Red Cross <input type="checkbox"/> St. John Ambulance <input type="checkbox"/> or other organisations <input type="checkbox"/> please state:												
Are you on any long term medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please state details:												
Date of course: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;">D</td><td style="width: 15px; height: 15px;">D</td><td style="width: 15px; height: 15px;">M</td><td style="width: 15px; height: 15px;">M</td><td style="width: 15px; height: 15px;">Y</td><td style="width: 15px; height: 15px;">Y</td></tr></table> Expiry date: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;">D</td><td style="width: 15px; height: 15px;">D</td><td style="width: 15px; height: 15px;">M</td><td style="width: 15px; height: 15px;">M</td><td style="width: 15px; height: 15px;">Y</td><td style="width: 15px; height: 15px;">Y</td></tr></table>	D	D	M	M	Y	Y	D	D	M	M	Y	Y
D	D	M	M	Y	Y							
D	D	M	M	Y	Y							

APPLICATION AGREEMENT

I confirm that my answers to all questions in this application for employment are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed, affect my application. I understand that any misleading statement or deliberate omission may be sufficient grounds for cancelling any agreements made.								
Applicant's signature:	Please print full name:	Date: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;">D</td><td style="width: 15px; height: 15px;">D</td><td style="width: 15px; height: 15px;">M</td><td style="width: 15px; height: 15px;">M</td><td style="width: 15px; height: 15px;">Y</td><td style="width: 15px; height: 15px;">Y</td></tr></table>	D	D	M	M	Y	Y
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