

Application / Starter Form

Surname:	Title: Mr/Mrs/Ms/Miss (Please circle)
First name (s):	
Gender: Male/Female (Please circle)	
Date of Birth:	
NI Number:	
Address:	

Mobile No:	Home No:
-------------------	-----------------

E-mail:

Nationality:
Do you require permission to work in the United Kingdom? Yes or No (Please circle)

Which position are you applying for?

Why do you feel we should employ you?
--

Employment Record – Last 2 Employers

From:	To:	Employer:	Job Title:	Duties:
Reason for Leaving				

--

--

OFFICE USE ONLY:

RL Sent:

Interview Date:	Interview Time:
------------------------	------------------------

Comments:

Position Offered? YES / NO	Salary: £	hr
Department: Bars / Box / Tech	Bars Location:	Bar/Glass/Cloak/Maint
Induction Date/Time:	Start Date:	End Date:

Only to be completed on commencement of employment.		
Name On Bank Account:	
Bank Account Number:	Sort Code-.....-.....
Identification Provided: Original Documents must be seen, a copy of which is to be signed by the line manager.		
Passport/D Licence	DOB:	/ /
Visa number:	issued by:	

Declaration:
I declare that the information contained in every section of this application is correct and understand that any false or misleading information may in the event of employment result in dismissal or disciplinary action by Academy Music Group
Signed _____ Print Name _____
Date _____

Disability:
The Disability Discrimination Act 1995 defines disability as "A physical or mental impairment which has a substantial or long term adverse effect on their ability to carry out normal day to day activities"
With reference to the Disability Discrimination Act, do you consider yourself to have a disability? Yes or No (please circle)
If Yes, What is the nature of your disability? _____

Authorised By:
Position _____ Print Name _____
Date _____