



Job Application form

Position applied for:

The Rock Hotel
3 Europa Road
Gibraltar

Tel: (00350) 73000
Fax:(00350) 73513
email: rockhotel@gibtelecom.net

Personal details

Mr/Mrs/Miss/Ms ETB Registration No.....
Surname Telephone
First Name (s) Address
Date of Birth.....

Next of kin details

Name..... Relationship to you
Telephone Address

Other details

Marital status Disability no.
Are you related to anyone employed at the Rock Hotel
How did you hear about this vacancy.....

Education and Qualification Details

Names of Schools and Colleges (from Age 11):
Examination Results (include results pending):.....
Please detail any other relevant qualifications (including languages, typing speeds etc):
.....
.....
.....

Previous Employment

Most recent or current Employer:..... Address

Position held:.....

Salary:

Dates you were employed between:

Previous Employer: Reason for leaving.....

Position held:..... Address

Salary:

Dates you were employed between:

Previous Employer: Reason for leaving.....

Position held:..... Address

Salary:

Dates you were employed between:

Please tell us why we should consider you for this position

.....

.....

.....

.....

.....

Medical Information

Have you ever suffered from any of the following conditions? - please state "Yes" or "No"

Tuberculosis/Chest Disease:

Skin Disease/Infections:

Yellow Jaundice (in the last 6 months):

Stomach Troubles causing Sickness/Diarrhoea:

Severe Nose/Throat/Eye Infections:

Fits/Fainting/Epilepsy:

Diabetes:

Any food related illness (i.e. Typhoid, Dysentery, Salmonella).....

If you have answered yes to any of the above, please give further details (please note that this will not necessary affect your application):

Other Relevant Information

Have you ever been convicted of a Criminal Offence?

Do you hold a Full Driving License?

References

It is essential to your application that you provide us with two referees that we may contact (at least one of which must be a previous employer or school tutor)

Name Name

Job title Job title

Company Company

Address Address

Telephone number Telephone number

Your signature

I understand that if the information given contains incorrect statements of the suppression of Material Facts, the Company may terminate employment. I certify that the forgoing particulars are true to the best of my knowledge:

Singed Date