

# Employment Application Form



(In confidence. Please complete application form in full using black pen)

Position Applied For: .....

## Personal details

|                 |                         |
|-----------------|-------------------------|
| Surname: .....  | First names: .....      |
| Title: .....    | N.I number: .....       |
| Address: .....  | Home Telephone: .....   |
| .....           | Mobile Telephone: ..... |
| .....           | Work Telephone: .....   |
| Postcode: ..... | E-Mail: .....           |

## Education

Name of Schools/Colleges/Universities Attended:  
*(secondary education onwards, please start with most recent)*

| School/College/University | Qualifications |
|---------------------------|----------------|
| .....                     | .....          |
| .....                     | .....          |
| .....                     | .....          |
| .....                     | .....          |
| .....                     | .....          |
| .....                     | .....          |

Please detail any course/vocation training/evening classes relevant to the position applied for:

.....

.....

.....

.....

.....





Are you required by law to have a work permit? Yes  No

If yes, please state it's number, capacity, and expiry date: .....

Where did you hear of this vacancy? .....

Please supply two References

*(these would normally be the most recent employers, neither will be contacted without your agreement)*

Name: ..... Name: .....

Title: ..... Title: .....

Address: ..... Address: .....

.....

.....

.....

Postcode: ..... Postcode: .....

Relationship to you: ..... Relationship to you: .....

**Data Protection:**

1. Should your application not be successful on this occasion, the information provided will be retained on file for consideration should any vacancy arise.
2. Information given may also be processed for the purposes of equal opportunities monitoring.

**Declaration:**

I confirm that the above information is correct. I understand that misleading statements or the omission of important information may be sufficient grounds for termination of my Contract of Employment. I understand and consent that you may deal with this information for the purposes stated in Points 1 and 2 above.

Signature: ..... Date: .....

Please send to:

Vanessa Lowes  
Human Resources Manager  
Thermae Bath Spa  
The Hetling Pump Room  
Hot Bath Street  
BATH  
BA1 1SJ

# EQUAL OPPORTUNITIES MONITORING



This information is voluntary and will be detached from your application.

Thermae Development Company is committed to a policy of ensuring that all applicants and employers receive equality of opportunity. We recognise and promote the benefits of a diverse workforce and we therefore welcome applications from all sections of the community.

We aim to ensure that no applicant or employee receives less favourable treatment on the grounds of race, colour, nationality, ethnic or national origins, sex, marital status, age, sexual orientation, religion/belief or disability.

We should be grateful if you would provide us with the following information:

**Nationality:** .....

**Ethnic Origin** (please tick appropriate box)

- |                 |                          |                     |                          |
|-----------------|--------------------------|---------------------|--------------------------|
| White           | <input type="checkbox"/> | Pakistani           | <input type="checkbox"/> |
| Black African   | <input type="checkbox"/> | Bangladeshi         | <input type="checkbox"/> |
| Black Caribbean | <input type="checkbox"/> | Chinese             | <input type="checkbox"/> |
| Black other     | <input type="checkbox"/> | Other ethnic group* | <input type="checkbox"/> |
| Indian          | <input type="checkbox"/> |                     |                          |

\*Please specify.....

**Religion:**.....

**Gender**

- Male   
Female

**Marital Status**

- Married       Divorced   
Single       Widowed   
Separated

**Sexual orientation:**.....

**Date of birth:**.....

**Disability:**

Do you consider yourself to have a disability  Yes  No

If Yes, please state the nature of the disability:

.....  
.....