

Employment History (Continued)	
Previous Employment	Job Title:
Dates Employed:	From: To:
Duties and Responsibilities:	
Reason for Leaving:	
Previous Employer's Details:	Contact Name: Company Name: Address: Telephone:

Qualifications/Training Undertaken
Qualifications gained (with dates) and/or Training courses attended (with dates):

Medical History	
Do you smoke:	Yes / No <i>(please delete as appropriate)</i>
Do you suffer from or have had any of the following:	Asthma Yes / No <i>(please delete as appropriate)</i> Hearing Problems Yes / No Dyslexia Yes / No Eyesight Problems Yes / No Epilepsy Yes / No Speech Problems Yes / No Back Problems Yes / No Diabetes Yes / No Is there any other condition you suffer from which we need to be aware of: Yes / No If Yes, please state:
Do you or are you suffering from any medical condition or injury which could affect your ability to perform in this position?	Yes / No <i>(please delete as appropriate)</i> If Yes, describe condition on separate sheet and outline any adjustments that may be necessary to your working environment to accommodate your condition.
Are you registered Disabled?	Yes / No <i>(please delete as appropriate)</i> If Yes, please state any adjustments that may be necessary to your working environment in order to accommodate your disability.
How many sick days have you taken in the last 12 months?	

References

Please provide full details of at least **two referees** (who are not personally related to yourself), who are willing to provide employment/character references.
(At least one employment reference is required which must cover at least **5 years** employment history).
 Current references will only be approached once an offer of employment has been accepted verbally.

Contact Name: Company Name: Address: Telephone: Email: Employment or Character reference?	Contact Name: Company Name: Address: Telephone: Email: Employment or Character reference?
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Additional Information

Please add anything further to support your application (use separate sheet if necessary):

PLEASE ENSURE THAT ALL ABOVE SECTIONS ARE COMPLETED BEFORE SIGNING THE DECLARATION BELOW

DECLARATION

I declare that I have completed all sections of the application form and that the aforementioned information is true. I understand that any offer of employment will be conditional upon the information provided being truthful and subject to relevant documents as stated by the Immigration (Restriction on Employment) Order 2004 being provided. Any offer is subject to a probationary period and receipt of references proving satisfactory to Inntel.

Signed:	
Date:	

INTERVIEW COMMENTS - FOR OFFICE USE ONLY

Interviewed by:	1)	2)	
Comments:			
Recommendations:			
Signed:			
Date:			

Inntel is an Equal Opportunities Employer and ISO 9001 and 14001 accredited.

Please return with a copy of your CV to, Carmella Smith, PA to Directors, Inntel Limited, Inntel House, Threshelfords Business Park, Inworth Road, Feering, Essex. CO5 9SE

Telephone: 0844 847 5500 Fax: 08450 920479