

Royal Dornoch Golf Club



JOB APPLICATION FORM

Please complete this accurately, giving as many details as possible of your skills and experience relating to this job application. Shortlisting will be based on the information gathered from the form, read in conjunction with the person specification.

Please ensure that the form is returned by the closing date (if applicable). We are unable to accept forms returned without a signature.

Please either type directly in this form using Microsoft Word or print out and complete the form in black ink and BLOCK CAPITALS.

Applicants will be treated in the same way whether they are external or internal candidates. Internal candidates should advise their Line Manager that they have applied for another position.

Position Applied For:
Full or Part Time:

1. APPLICANTS DETAILS:

Title:	Surname:	First Name:
Home Address:		
POST CODE:		
Telephone Numbers: (include full STD code)		
Home:		
Work:		
Mobile:		
Email:		
Do you hold a current driving licence?	Yes/No	
Are there any restrictions regarding your employment? e.g. do you require a work permit?	Yes*/No *If you answer Yes please supply details on a separate piece of paper.	
How much notice do you need to give your current employer?		

2. EMPLOYMENT RECORD

Please start with your most recent employment. Briefly describe the main duties and responsibilities of your post. If you wish to expand on specific areas of responsibility, please do so in Section 5: Experience/Skills

1. Current/most recent employer/organisation

Name:		
Address:		
Job Title:	From:	To:
Brief Description of Duties:		
Reasons for leaving/changing:		

5. EXPERIENCE/SKILLS

This section is for you to give specific information in support of your application. Please set out on a maximum of three sides of A4 paper.

After reading the Job Description carefully, consider to what extent you have gained the skills and experience necessary for the post. Your experience need not have been gained in paid employment and may include special interests relevant to the post. It is important that you provide evidence of your achievements by giving examples to support your application. You may wish to use the headings in the person specification in order to set the information out clearly.

6. REFERENCES

Please give name, address and position/occupation of two referees. One must be your present or most recent employer. References will only be taken up for the successful candidate. Testimonials or references from friends and relatives are not acceptable.

1. Name:
Position:
Organisation:
Address:
Tel:
2. Name:
Position:
Organisation:
Address:
Tel:

7. CRIMINAL CONVICTIONS

Do you have any criminal convictions?	Yes	No
If Yes please give details on a separate piece of paper, this should exclude any spent convictions under section 4(2) of the Rehabilitation of Offenders Act 1974.		

8. DECLARATION AND SIGNATURE

The information supplied in this application is accurate to the best of my knowledge.

.....

.....

Signed Date

By signing and returning this application form you consent to Royal Dornoch Golf Club using and keeping information about you provided by you – or third parties such as referees – relating to your application or future employment. This information will be used solely in the recruitment process and will be retained for three months from the date on which you are informed whether you have been invited to interview or three months from the date of interview. Such information may include details relating to ethnic monitoring and disability: these will be used solely for internal monitoring and will not be disclosed to any third party. **Thank you for completing the form.** Please print your completed form and return – together the Medical Questionnaire – to The General Manager, Royal Dornoch Golf Road, Dornoch, Sutherland IV25 3LW

Royal Dornoch Golf Club



MEDICAL QUESTIONNAIRE FORM

Royal Dornoch Golf Club is an equal opportunities employer. We require the following information in order that we can monitor diversity within the organisation and in order to assess whether or not adjustments would be required to assist any interview or assessment which we may need to carry out prior to deciding whether to make an offer of employment.

Please give details, with dates, of any serious illness, operations, accidents or disabilities. Please also provide any details of any medical conditions from which you suffer.

Please provide any details of any medication which you are currently taking.

Please provide details of any adjustments which the Club would require to make should you be selected for interview and/or further assessment.

Given the nature of the role, please provide any details of any medical conditions which may prevent you from carrying out some of your duties should your application be successful.

Given the nature of the role, please provide details of any reasonable adjustments you may require should your application be successful.

DATA PROTECTION NOTICE

The information you provide will be treated in the strictest confidence, and used only for the purposes detailed above in compliance with the Data Protection Act 1998.

DECLARATION

- 1. I declare that, to the best of my knowledge, the information I have given on this form is correct.
- 2. I understand that I may be required to attend a medical examination.

Signature: _____

Date: _____