



APPLICATION FORM - PLEASE PRINT AND ANSWER ALL QUESTIONS

PERSONAL

LAST NAME		FIRST NAME		MIDDLE NAME		DATE OF BIRTH		
U.K. ADDRESS			PLACE OF BIRTH		NATIONALITY			
PHONE NO.			ARE YOU LEGALLY ELIGIBLE TO WORK HERE?					
NATIONAL INSURANCE NO.			P45 YES/NO		PASSPORT NO.		WORK PERMIT NO.	
POSITION APPLIED FOR		NO. OF SHIFTS CAN WORK PER WEEK?			AVAILABLE TO BEGIN (STATE DATE)			

PLEASE ATTACH A RECENT PASSPORT PHOTOGRAPH HERE

EMERGENCY CONTACT - (PERSON, PREFERABLY CLOSE RELATIVE, TO NOTIFY IN CASE OF EMERGENCY)

NAME		PHONE NO. (HOME)		PHONE NO. (WORK)		
ADDRESS			STATE / PROVINCE		ZIP / POST CODE COUNTRY	

EMPLOYMENT EXPERIENCE - ACCOUNT FOR ANY UNOCCUPIED TIME PERIODS ON AN ATTACHED SHEET

COMPANY NAME		PHONE NO.		DATES EMPLOYED FROM TO		WORK DUTIES	
ADDRESS							
JOB TITLE		SUPERVISOR		REASON FOR LEAVING			

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ADDRESS							
JOB TITLE		SUPERVISOR		REASON FOR LEAVING			

EDUCATION

SCHOOL (NAME AND COMPLETE ADDRESS)		FROM	TO	QUALIFICATIONS ACHIEVED	
SIXTH FORM / TERTIARY COLLEGE					
COLLEGE / UNIVERSITY					
BUSINESS / PROFESSIONAL QUALIFICATIONS					

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Can you work any day of the week if required?Can you work night shifts?

If you are employed here would you also expect to work elsewhere?

How long do you foresee working for the Hard Rock Cafe?

Do you have any criminal convictions?If so please state details

List names of any relatives or acquaintances ever employed by Hard Rock Cafe

Is there any reason you will be unable to perform any of the essential functions of the job?If your answer is "YES", please explain (or demonstrate) how you will be able to perform the particular job-related function(s) either with, or without, a reasonable accommodation or adjustment

Do you have a constant and reliable source of transportation to and from the Hard Rock Cafe (including, if applicable after evening/night shifts)

HOBBIES / SPECIAL INTERESTS / ORGANISATIONS

WHAT DO YOU FEEL MAKES YOU UNIQUELY QUALIFIED TO BE A HARD ROCK CAFE STAFF MEMBER?

REFERENCES - LIST TWO REFERENCES WHOM YOU HAVE KNOWN FOR AT LEAST FIVE YEARS OR THROUGH BUSINESS OR EDUCATION

NAME	ADDRESS	PHONE NO.	OCCUPATION

Hard Rock Cafe treats all employees fairly and equally regardless of their sex, age, marital status, creed, colour, religion, ethnic origins or disability. This principle applies to all aspects of the company's policies concerning individuals, and every appointment will be determined on the basis of performance, ability and the requirements of the job. No question on this application form is asked for the purpose of omitting or excluding any applicant's consideration for employment because of the applicant's inclusion in any of these categories.

I certify that all of the information furnished on this application is true, complete and correct. I understand and agree that any falsification, misrepresentation, misleading statement or omission of fact on either this application or during the pre-hire process will be sufficient for (1) my not being offered employment or (2) dismissal at any time if I am employed.

I authorise my former employers to provide Hard Rock Cafe with any information regarding my employment, including any medical records, including and in addition to the above, and I release all parties from any liability for any damage which may result from furnishing such information.

I have read, understand the foregoing, and by my signature below, I accept the above terms and conditions for employment, if I am offered a position.

SIGNATURE	PRINTED NAME	DATE
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