

APPLICATION PACK

PLEASE READ: Please note all fields are mandatory so you will not be able to progress without completion. Once completed, please email the form back to us - saifur@genhospitality.co.uk

PERSONAL DETAILS

Title: _____ Surname: _____
 First Name: _____ Middle name(s): _____
 Date of Birth: _____ Male Female
 House name or no.: _____ Marital status: _____
 Street: _____ Date of residence: _____
 Town: _____ Tel home: _____
 County: _____ Tel work: _____
 Postcode: _____ Tel mobile: _____
 Email: _____ Country: _____

EMERGENCY CONTACT

Name: _____ Tel home: _____
 Relationship to you: _____ Tel mobile: _____
 Email: _____

NATIONALITY & ELIGIBILITY TO WORK

Do you hold a British/EU passport? Yes No
 Nationality: _____
 Passport no: _____ Expiry date: _____
 If you do not hold a British/EU passport, do you hold any of the following?
 Indefinite Leave to Remain in the UK Ancestry Visa
 Work Permit / Sponsorship (Tier 2) Spousal/Partnership Visa
 Student Visa (Tier 4) Biometric Residence Permit
 Working Holiday Visa/Youth Mobility (Tier 5) Other (please specify)
 Expiry date: _____

Evidence is required of all passports and visas. Please send scanned copies or photocopies with this application and bring the originals to your first interview. All passports and visas will be verified as part of our recruitment procedure.

SOURCE

Where did you hear about us? (Please specify where relevant).

GEN Hospitality website Search Engine
 Referral (please specify name) Other

 01425 776655

 30 Churchill Place, London, E14 5RE

 timesheets@genhospitality.co.uk

 www.genhospitality.co.uk

List all professional qualifications held and training courses undertaken, including Post Graduate Diploma/Courses etc. Professional qualifications and training will be verified.

PROFESSIONAL QUALIFICATIONS

QUALIFICATION:	PLACE WHERE OBTAINED:	DATE TO/FROM:

TRAINING & CERTIFICATES

Please tick where applicable:

- | | |
|---|--|
| <input type="checkbox"/> Food Hygiene Certificate | <input type="checkbox"/> Manual Handling |
| <input type="checkbox"/> Allergen Testing | <input type="checkbox"/> Other |
| <input type="checkbox"/> HACCP | If other please state: |
| <input type="checkbox"/> COSHH | |

EXPERIENCE & WORK

Please tick where applicable:

- | | |
|---|--|
| <input type="checkbox"/> Executive Chef | <input type="checkbox"/> Chef De Partie |
| <input type="checkbox"/> Head Chef | <input type="checkbox"/> Demi Chef De Partie |
| <input type="checkbox"/> Head Pastry Chef | <input type="checkbox"/> Commis Chef |
| <input type="checkbox"/> Sous Chef | <input type="checkbox"/> Bar Staff |
| <input type="checkbox"/> Pastry Chef | <input type="checkbox"/> Waiting Staff |
| <input type="checkbox"/> Pizza Chef (Pizzaiolo) | <input type="checkbox"/> Kitchen Porter |

In which types of cuisine(s) are you qualified?

Type of work you are interested in?

- Temporary
 Permanent

Please tick the days of the week you will/can work?

- Monday Friday
 Tuesday Saturday
 Wednesday Sunday
 Thursday

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Please give the names and contact details of 3 professional referees from your current and most recent employment, which must cover the last 5 years of employment/education. Referees must have worked in a senior position to yourself. Please be aware that GEN Hospitality are unable to offer you work until satisfactory references have been obtained, and that GEN Hospitality are required to obtain references for you on an annual basis.

PROFESSIONAL REFERENCES

Reference 1

Company name:

Professional Title:

Capacity in which known (i.e. Manager):

Dates Employed (Month/Year):

Can we contact prior to interview? Yes No

Telephone:

Email:

Reference 2

Company name:

Professional Title:

Capacity in which known (i.e. Manager):

Dates Employed (Month/Year):

Can we contact prior to interview? Yes No

Telephone:

Email:

Reference 3

Company name:

Professional Title:

Capacity in which known (i.e. Manager):

Dates Employed (Month/Year):

Can we contact prior to interview? Yes No

Telephone:

Email:

PAYMENT DETAILS

National Insurance Number:

Bank/society name:

Sort code:

Account number:

Please select one: (please tick)

- Do you wish to be paid through an umbrella company?
 Do you wish to be paid PAYE?

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 info@genpersonnel.com

 www.genpersonnel.com

Applicants are required to declare prosecutions or convictions, including those considered 'spent' under this Act. Please tick.

DECLARATION OF CRIMINAL RECORD

1. Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with current guidance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you had a Police check in another country within the last 6 months? If so, please provide details below and enclose a copy if held	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details:	

DECLARATIONS

Working Time Directive

The Working Time Regulations 1998 require GEN Hospitality to limit your average weekly working time to 48 hours unless you agree with GEN Hospitality that the limit shall not apply to you:

- I agree to limit my working week to no more than 48 hours
- I disagree to limit my working week to no more than 48 hours

Candidate Handbook

Please download the Candidate Handbook from our website. **The link to it is WWW.GENHOSPITALITY.CO.UK**

- I can confirm that I received, read and understood each section of the Candidate Handbook:

I CAN CONFIRM THAT I HAVE READ THIS DOCUMENT FULLY AND THAT ALL THE INFORMATION PROVIDED TO GEN HOSPITALITY IS CORRECT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF. I GIVE CONSENT TO CONTACT REFEREES REGARDING THE INFORMATION I HAVE PROVIDED UNLESS SPECIFIED OTHERWISE. I WILL INFORM GEN PERSONNEL SHOULD ANYTHING CHANGE THAT MIGHT AFFECT MY POSITION AND I UNDERSTAND THE INFORMATION GIVEN ON THIS FORM WILL BE PROCESSED BY COMPUTER AND USED FOR REGISTRATION PURPOSES, UNDER THE DATA PROTECTION ACT 1998. DECLARATIONS

1. I UNDERSTAND THAT IF I AM AT ANY STAGE CHARGED OR CAUTIONED AFTER SIGNING THIS DECLARATION, I MUST INFORM GEN HOSPITALITY.
2. I ACKNOWLEDGE THAT I HAVE BEEN GIVEN A COPY OF THE TERMS AND CONDITIONS OF SERVICE ISSUED BY GEN HOSPITALITY, WHICH IS MINE TO KEEP, AND FURTHERMORE THAT I HAVE READ THOSE TERMS AND CONDITIONS AND AGREE TO ABIDE BY THEM.
3. I AM NOT AWARE OF ANY CONDITION, MEDICAL OR OTHERWISE, WHICH WOULD AFFECT OR LIMIT MY EMPLOYMENT OR PERFORMANCE, OTHER THAN THOSE DECLARED IN MY OCCUPATIONAL HEALTH FORM.
5. I DECLARE THAT THE INFORMATION GIVEN HEREIN IS TRUE AND COMPLETE AND IS NOT PRESENTED IN A WAY INTENDED TO MISLEAD. I AGREE THAT IF I HAVE GIVEN FALSE OR MISLEADING INFORMATION OR OMIT TO GIVE RELEVANT INFORMATION NOW OR IN THE FUTURE THAT GEN HOSPITALITY MAY CEASE TO OFFER ME FURTHER AGENCY PLACEMENTS WITHOUT NOTICE, AS WELL AS CLAIM FOR RECOVERY OF ANY PAYMENTS I HAVE RECEIVED, TOGETHER WITH A CLAIM FOR LOSS OF PROFIT TO GEN HOSPITALITY.
6. I AGREE THAT THE MAXIMUM WEEKLY WORKING TIME SPECIFIED IN REGULATION 4(1) AND (2) OF THE WORKING TIME REGULATIONS 1998 SHALL NOT APPLY TO WORKING WITH GEN HOSPITALITY UNLESS SPECIFIED ABOVE.
7. I ACKNOWLEDGE THAT MY PERSONAL DETAILS WILL BE STORED AND HANDLED CORRECTLY BY GEN HOSPITALITY IN ACCORDANCE WITH THE DATA PROTECTION ACT 1998, HOWEVER, I AGREE THAT THEY MAY BE MADE AVAILABLE FOR AUDIT/REVIEW BY RELEVANT THIRD PARTIES. (THIS IS RELEVANT FOR ALL INFORMATION INCLUDING ALL DOCUMENTS.)
8. I UNDERSTAND THAT IF I AM ON A STUDENT VISA I CAN ONLY WORK FOR 20 HOURS PER WEEK DURING TERM TIME. I UNDERSTAND THAT I HAVE A RESPONSIBILITY TO MONITOR THIS. IN ADDITION, IF MY POSITION AS A STUDENT CHANGES, I MUST INFORM GEN HOSPITALITY.
9. I UNDERSTAND THAT IF I AM ON A TIER 2 SPONSORSHIP VISA, I CAN ONLY WORK FOR A MAXIMUM OF 20 HOURS PER WEEK AT THE SAME PROFESSIONAL LEVEL AS MY SPONSORSHIP. I UNDERSTAND THAT I HAVE A RESPONSIBILITY TO MONITOR THIS. IN ADDITION, IF MY POSITION WITH MY SPONSORED COMPANY CHANGES, I MUST INFORM GEN HOSPITALITY.
10. I ACKNOWLEDGE THAT IF ANY OF MY DETAILS STATED ON THIS APPLICATION FORM CHANGE, OR MY CIRCUMSTANCES CHANGE, WHICH MAY AFFECT MY ABILITY TO WORK FOR GEN HOSPITALITY, I MUST INFORM GEN HOSPITALITY IMMEDIATELY.
12. I CONFIRM THAT WHEN ASKED ABOUT MY WORKING HISTORY (PRIMARILY, BUT NOT EXCLUSIVELY, FOR THE PURPOSE OF THE AGENCY WORKERS REGULATIONS) I WILL PROVIDE ACCURATE INFORMATION.

Signature:

Print name:

Date: