



INVESTOR IN PEOPLE

# LAS IGUANAS

EAT LATIN • DRINK LATIN

**APPLICATION FOR EMPLOYMENT** Strictly Private & Confidential  
**PLEASE RETURN TO: LAS IGUANAS Head Office, 113 Whiteladies Rd, Bristol. BS8 2PB**

**Position Applied For:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Full time**  **Part time**  **(Please tick)**

<b>Personal Information: Tell us about you:</b>			
<b>First Name:</b>		<b>Surname:</b>	
<b>Tel Home:</b>		<b>Email:</b>	
<b>Tel Mobile:</b>			

<b>Address:</b>	
House No:	Street Name:
City:	Postcode:

<b>Experience: Tell us about where you have worked before, starting with your most recent job</b>					
<b>Date</b>		<b>Name, Address &amp; Phone No. of employer</b>	<b>Position</b>	<b>Salary or Hourly rate</b>	<b>Why did you leave?</b>
<b>From:</b>	<b>To:</b>				

Do you have to give notice to your present employer and if so how much?  
\_\_\_\_\_

What skills make you uniquely qualified to work for Las Iguanas? (Please use another sheet if necessary)  
\_\_\_\_\_

What is your favourite experience of customer service and why? (Please use another sheet if necessary)  
\_\_\_\_\_

<b>Education and Qualifications</b>			
<b>Date</b>		<b>School &amp; College</b>	<b>Qualifications (GCSEs, A Levels, Degree or equivalent)</b>
<b>From:</b>	<b>To:</b>		
<b>Other qualifications/courses attended</b>			

**Availability for Work:** Please list below any regular restrictions on your time, when you can't work over the next six months:

--

**References**

Please give the names of two employers (one current if possible) and indicate whether we may approach them for references either (a) **Now** or (b) **After interview**

**Offers of employment are made subject to satisfactory references:**

Name	Position	Address and Tel No	Approach ? (a) or (b)
1.			
2.			

I understand that the company reserves the right to withdraw the offer of employment or to terminate employment already commenced if the information given by me is inaccurate or misleading in any way.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

-----  
**The below section is for information purposes only**

*As recommended in the Code of Practice of the Commission for Racial Equality, the Company monitors the ethnic origins of all job applicants in order to ensure that its Equal Opportunity Policy is being carried out. Please assist by providing the following information:*

**I would describe my ethnic origin as: (please tick)**

African	<input type="checkbox"/>	EEC (including UK)	<input type="checkbox"/>	Asian	<input type="checkbox"/>	<input type="checkbox"/>
Other European	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

Nationality: _____	Date of Birth: _____
--------------------	----------------------

**Do you require a Visa / Work Permit to work in this company?** YES / NO (If yes, please give details below)

**Have you ever been convicted of a criminal offence?** Yes / No (If yes, please give details of all offences)

Date: \_\_\_\_\_

Penalty: \_\_\_\_\_

Have you any reason to believe that any prosecutions against you may be pending?

**Have you had or do you suffer from any of the following? (please tick)**

	Y	N		Y	N
Epilepsy/Fits/Blackouts	<input type="checkbox"/>	<input type="checkbox"/>	Dermatitis/other recurrent skin disease	<input type="checkbox"/>	<input type="checkbox"/>
Back injuries/disc trouble/hernia	<input type="checkbox"/>	<input type="checkbox"/>	Typhoid or food poisoning	<input type="checkbox"/>	<input type="checkbox"/>
Ear discharge	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>
Any other contagious disease	<input type="checkbox"/>	<input type="checkbox"/>	Is your vision normal in both eyes (with glasses, if worn)?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	<b>Are you a registered Disabled person?</b>	<input type="checkbox"/>	<input type="checkbox"/>
Varicose Veins?	<input type="checkbox"/>	<input type="checkbox"/>	<b>Do you consider yourself to be disabled?</b>	<input type="checkbox"/>	<input type="checkbox"/>
Defective Hearing?	<input type="checkbox"/>	<input type="checkbox"/>			

Signed: \_\_\_\_\_

Date: \_\_\_\_\_