

# APPLICATION FORM



New & pre-owned static caravans & lodges

**STRICTLY CONFIDENTIAL**

**POST APPLIED FOR**

**DATE**

## PERSONAL INFORMATION

TITLE

NAME

SURNAME

ADDRESS

HOME TELEPHONE

WORK TELEPHONE (IF APPLICABLE)

DO YOU HAVE A CURRENT DRIVING LICENCE? **YES/NO**  
DO YOU HAVE USE OF A CAR? **YES/NO**

NATIONAL INSURANCE NUMBER

EMAIL ADDRESS

## PRESENT EMPLOYMENT

POST HELD

PRESENT PAY RATE

PERIOD OF NOTICE REQ.

EMPLOYER NAME AND ADDRESS

DUTIES

## PREVIOUS EMPLOYMENT

EMPLOYER NAME AND ADDRESS

POST HELD

REASON FOR LEAVING

DUTIES

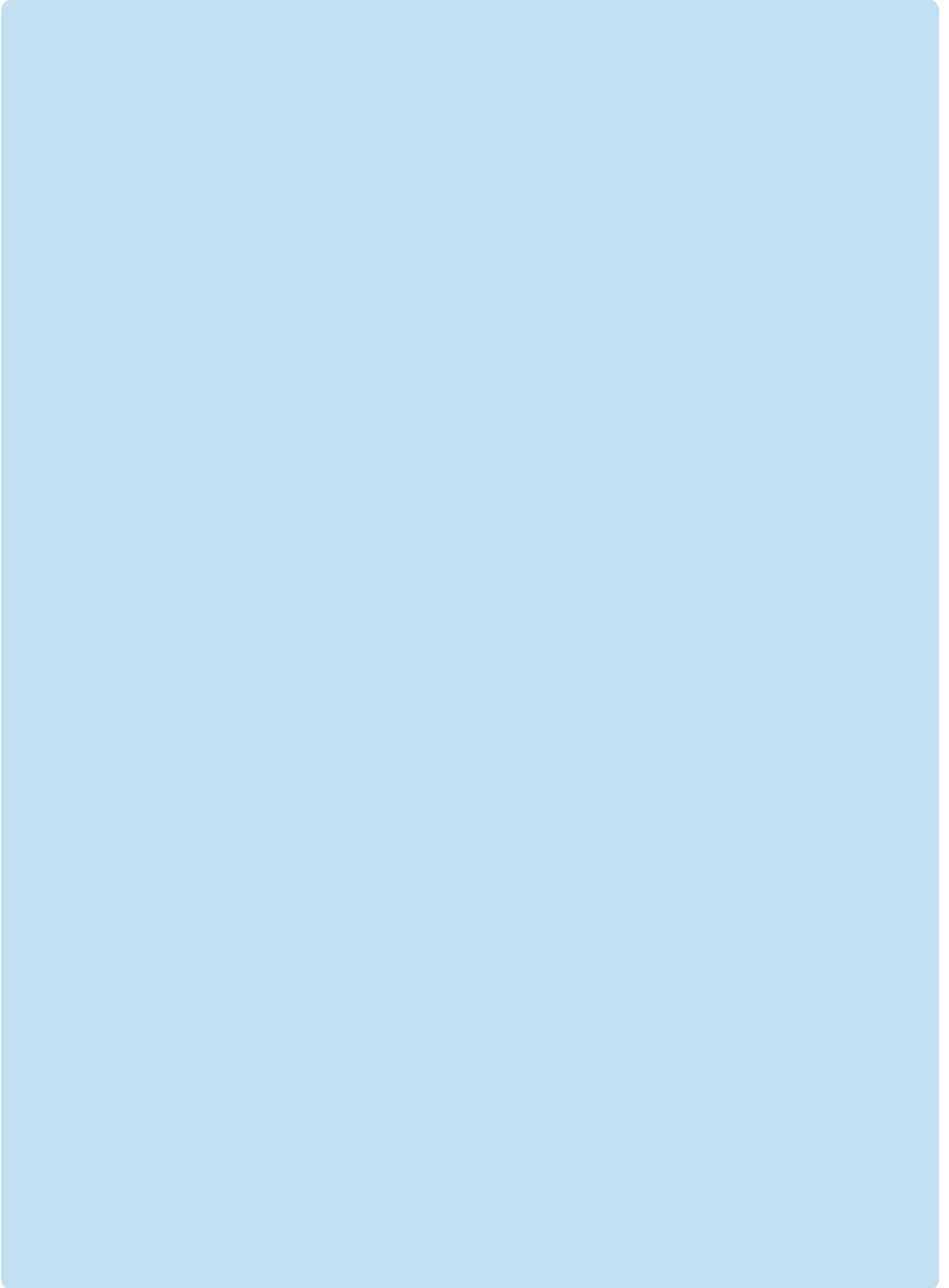
EMPLOYER NAME AND ADDRESS

POST HELD

REASON FOR LEAVING

DUTIES

**CONTINUE ON SEPARATE SHEET IF NECESSARY**



**SURF BAY**



**LEISURE**

New & pre-owned static caravans & lodges

**EDUCATION**

NAME OF SCHOOL/COLLEGE/UNIVERSITY	EXAMINATIONS PASSED	GRADE

**PROFESSIONAL/TECHNICAL QUALIFICATIONS**

NAME OF BODY/INSTITUTE	QUALIFICATIONS	GRADE

**TRAINING**

NAME OF ORGANISATION PROVIDING TRAINING	COURSE ATTENDED	STILL VALID Y/N

**HOBBIES/RECREATION/OTHER INTERESTS**

***SURF BAY***



***LEISURE***

*New & pre-owned static caravans & lodges*

**ADDITIONAL INFORMATION**

**PLEASE PROVIDE ANY OTHER INFORMATION, WHICH YOU THINK MAY ASSIST US, CONTINUING ON A SEPARATE SHEET IF NECESSARY**

A large, empty light blue rectangular area intended for providing additional information.



## REFEREES & SIGNATURE

NAME & ADDRESS OF FIRST REFEREE

may we contact them without further reference to yourself?

NAME & ADDRESS OF SECOND REFEREE

may we contact them without further reference to yourself?

I certify the statements contained in this application are to the best of my knowledge correct and that knowingly making a false statement may lead to dismissal.

Signed ..... Date:

**PLEASE NOTE THAT SURF BAY LEISURE OPERATES A NO-SMOKING POLICY  
ON ALL OF IT'S PREMISES**

Please return this form to:

Surf Bay Leisure  
The South West Caravan Centre  
The Airfield  
Winkleigh  
Devon  
EX19 8DW

Telephone (01837) 680100  
Fax (01837) 680200