



A.B.A.C. Leisure Limited  
 Circular Road East, Colchester,  
 Essex. CO2 7SZ  
 Tel.: 01206 549325  
 Fax: 01206 366199

**APPLICATION FOR EMPLOYMENT**

Name: \_\_\_\_\_ Gender: Male Female

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Present Age: \_\_\_\_\_

SECONDARY EDUCATION	FURTHER EDUCATION
Name of School(s)	Name of College, University, etc.


**Examination Results / Qualifications Obtained**


**EMPLOYMENT HISTORY**

Current Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Current Pay: £\_\_\_\_\_ per Week / Month Hours Currently Worked per Week \_\_\_\_\_

**PREVIOUS EMPLOYER(S)**

	From:	To:
	From:	To:

**HEALTH**

Please give details of any medical treatment you are currently receiving: \_\_\_\_\_  
 \_\_\_\_\_

State main causes of past ill-health which have resulted in time off work: \_\_\_\_\_  
 \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Please state any smoking habits: \_\_\_\_\_

Are you registered as disabled? Yes No

Would you be willing to have a medical examination if deemed necessary? Yes No

## PRACTICAL SKILLS

Summarise any job skills you have and any specialist training you have received:

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## GENERAL INFORMATION

Main Interests, Sports & Hobbies: \_\_\_\_\_

Clubs or Societies you belong to: \_\_\_\_\_

Professional or Trades Unions you belong to: \_\_\_\_\_

Do you have any other commitments which might affect your working hours?

Yes No (Please circle as applicable.)

Have you ever been convicted of a criminal offence?

Yes No (Please circle as applicable.)

## REFERENCES

Name, Address, Phone Number

May we contact  
them now?

Experience:

Yes No

Character:

Yes No

## YOUR AVAILABILITY

When would you be available for interview? \_\_\_\_\_

If offered this job, when could you start? \_\_\_\_\_

Do you have any holiday commitments? \_\_\_\_\_

How did you hear about this job? \_\_\_\_\_

Do you know any other employees of ABAC Leisure? \_\_\_\_\_

I confirm that the information above is correct and understand that misleading statements may be sufficient grounds for cancelling any agreements made.

Signature of Applicant: \_\_\_\_\_

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

Please return this form as quickly as possible to the address on the front sheet.