SUPPORTING STATEMENT

n this section please describe ho responsibilities of the role that yo	w you feel your skills, abilities and experience can contribute to the ou have applied for.
	REFERENCES
	erees who can verify your employment record and give informatio le. Any offer of employment is subject to obtaining satisfactor ers.
Name:	Name:
Job title:	Job title:
Address:	Address:
Email address:	Email address:
Contact Number:	Contact Number:
PLEASE READ THE FOLLOWING D	ECLARATION CAREFULLY BEFORE SIGNING THIS FORM
complete. I understand that The	ren in this application is to the best of my knowledge accurate an Royal Yacht reserves the right to seek verification of any information isleading information could result in dismissal from employment.
provided and that any false or m	
•	ne information contained in this form for the proper administratio
agree to The Royal Yacht using the of the recruitment process and sh	·
ngree to The Royal Yacht using the of the recruitment process and sh	·
agree to The Royal Yacht using the of the recruitment process and shof the employment relationship.	ne information contained in this form for the proper administration will be used as particularly be successful I agree that the information will be used as particularly be used.

We rely on the lawful basis of contract and legitimate interest to process the information provided by you in this form. For more information on how we use this information, please see our privacy notice for job applicants https://theroyalyacht.com/privacy-statement



Please carefully complete <u>each</u> section of the form and return along with a copy of your current CV to The Royal Yacht Hotel, The Weighbridge, St Helier, JE2 3NF.

PERSONAL DETAILS					
Surname:					
Forenames:					
Current Address:					
Contact Number:					
Position applied for:					
	Eligibilit	y to work in Jersey:			
Do you have 5 years r	esidency in Jersey:	Yes 🗌	<u>or</u> No □		
For employment purp	ooses are you classified	as: Registered D	Entitled to Work		
Do you have any unspent convictions, cautions or warnings: Yes \square or No \square					
	CURRENT E	MPLOYMENT DETAILS			
Name of <u>Present or</u>	Most Recent Employer				
Employer Address:					
Position Held:					
Dates employed:	From:	To:			
Notice Required:					
Describe the main re	esponsibilities of your r	role:			
Please state your re	asons for wishing to lea	ave:			

EMPLOYMENT HISTORY

Please give details of all previous employment starting with the most recent (including periods of unemployment). If you are still in full time education, please give details of any holidays or part time employment. The information given may be used to obtain references at a later date.

Name of Employer	Employed from:	Employed to:	Position Held, Duties and Reason for Leaving
Full Name and Address			
Full Name and Address			
Full Name and Address			
Full Name and Address			
Full Name and Address			

EDUCATION AND QUALIFICATIONS

Starting	with	the	most	recent
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School /College /	Subject or Cou	rse	Examinat	ion: eg: GCSE	Grade
University					
D. I					
Relevant Training Cou	rses Attended				
Course Title	Training Provider	From		То	
	-				
	ME	DICAL HISTO	ORY		
Are you currently or h	ave you previously suf	ffered from	any medica	ıl condition that ı	may impact on
your ability to perform	the duties of the role	for which vo	u are apply	ing? Yes [☐ <u>or</u> No ☐
If yes please provide fu		,	,	0.	<u></u>
,					