

**APPLICATION FORM**  
**CONFIDENTIAL**



*The Wentworth Club is an Equal Opportunities Employer.  
We welcome applications from individuals regardless of age, sex, marital status, race, ethnic origin or disability.  
Should you require assistance to complete this application form, please advise a member of the Human Resources Department.*

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**PLEASE ANSWER ALL QUESTIONS USE BLOCK CAPITALS THROUGHOUT**

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Position applied for Pay expected £      per

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Full-time work Yes/No

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Part-time work Yes/No      If yes state days/hours

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Source of application Date available to take up work

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Have you previously been employed by The Wentworth Group? Yes/No

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If yes, please state where and when

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**I PERSONAL INFORMATION**

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Surname Mr/Mrs/Miss/Ms

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Forenames Maiden name

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Present address

---

Postcode

---

Contact number (home) Contact number (business)

---

Permanent address (if different from above)

---

Postcode

---

Contact number Marital status

---

Number of children Ages

---

National Insurance number

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Work permit required Yes/No Date issued      Expiry date

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Do you have a current driving licence?

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Person to contact in case of emergency

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Relationship Contact number

---

Address

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## 5 PREVIOUS EMPLOYMENT

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Please list most recent or current job first, and account for any periods of unemployment. Please complete all sections

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Name of Employer

---

Address

---

Telephone number

Final salary

---

Job title

Date employed from

To

---

Description of duties

---

Reason for leaving

---

Name of Employer

---

Address

---

Telephone number

Final salary

---

Job title

Date employed from

To

---

Description of duties

---

Reason for leaving

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Name of Employer

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Address

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Telephone number

Final salary

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Job title

Date employed from

To

---

Description of duties

---

Reason for leaving

---

Name of Employer

---

Address

---

Telephone number

Final salary

---

Job title

Date employed from

To

---

Description of duties

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Reason for leaving

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Have you ever been convicted of an offence, other than a parking offence or a spent conviction under the Rehabilitation of Offenders Act 1974?

Yes/No

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If yes, please give details

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## 6 REFERENCES

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All employment offers are made subject to the company receiving satisfactory employment references. The company may contact your former employers to obtain references. We will not contact any reference without your consent. All information received will be treated with confidence. If you have not worked previously, please indicate below the names, addresses and contact numbers of two professional referees whom we may contact (e.g. Doctor/Head Teacher/College Tutor).

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**6.1** Name Contact number

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Address Postcode

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**6.2** Name Contact number

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Address Postcode

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## 7 HEALTH INFORMATION PLEASE TICK WHERE APPROPRIATE

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	NO	YES	PLEASE GIVE DETAILS
Have you ever within the past three years, had any illness or accident which caused you to be off work for two weeks or more?			
Have you any permanent disability?			
Are you a registered disabled person and hold a green card?			Card number Expiry date
What is your disability?			
Are you suffering from/or have ever suffered from: Back problems Heart condition Fits, epilepsy, black outs Diabetes Depressive illness or nervous trouble? Allergy (to any drug or to handling a substance) Earache or ear infection Skin disease or dermatitis Eye trouble			
Have you ever been refused employment or been dismissed on medical grounds			
Please state if there are any other details which you feel should be known to a prospective employer			

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You may be required to have a medical examination when you join us or at any other time when the Company feels that it is necessary.

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I represent and warrant that all my replies in this application for employment are accurate and true to the best of my knowledge and belief and that I have not knowingly omitted any fact or circumstance that would, if disclosed affect my application. I undertake that I will promptly and fully disclose any fact of which I become aware before any offer of employment is made to me in connection with this application which would or may materially affect any information supplied by me at today's date.

Applicant's signature

Date

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### PLEASE RETURN THIS FORM TO

Human Resources Department, Wentworth Club Limited, Wentworth Drive, Virginia Water, Surrey GU25 4LS  
Telephone 01344 846326 Fax 01344 842804  
[www.wentworthclub.com](http://www.wentworthclub.com)

# SEX AND ETHNIC MONITORING

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**THE COMPANY REQUIRES ALL ITS MANAGERS AND OTHER EMPLOYEES TO OPERATE ITS POLICY OF EQUAL OPPORTUNITY AND NOT TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF AGE, SEX, RACE, COLOUR OR NATIONAL ORIGIN.**

*Will you please assist the monitoring of this policy by providing details of your age, sex and ethnic origin.  
The information provided is confidential and will only be used for this purpose.*

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Surname

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Forname

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Nationality

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**PLEASE TICK THE APPROPRIATE BOX**

White	
Black-Caribbean	
Black African	
Black other (Please specify)	
Indian	
Pakistani	
Chinese	
Other (Please specify)	
Male	
Female	