

## **APPLICATION FORM**

Please complete this form legibly and return it on or before the closing date specified in the advertisement. ONLY INFORMATION PROVIDED ON THIS APPLICATION FORM WILL BE CONSIDERED BY THE PANEL. Candidates must outline clearly how their qualifications and experience meet both the essential and desirable requirements. All information given will be treated with the strictest confidence. Continuation sheets may be added if necessary. CV's may accompany the form providing that this form has also been completed.

Pocition:

1. POSITI	ON APPLIE	D FOR:	Position.				
			If full time	e state ava	ailability:		
			If part tin	me state a	vailability:		
2. PERSO	NAL DETAI	LS					
Surname:					Home number:		
Forename	es:				Mobile number:		
Title:					Date of Birth:		
Address:					Postcode:		
Email add	ress:						
Do you h	ave the righ	t to work in the	UK?			Yes	No
Note: the e.g. Birth	company wil certificate an	I require proof of	f this right l ppropriate	document	offer of employment can be confirmed – t required to confirm your right to work in 6		
3. EDUCA	TION						
From	То	Type of School	ol (i.e.	Examina	ations taken and Qualifications Gained (	Specify	

From	То	Type of School (i.e. Grammar/ Secondary)	Examinations taken and Qualifications Gained (Specify Grades)

## **4.FURTHER/ HIGHER EDUCATION**

From	То	Name of Institution (state if Full or Part Time)	Subjects Taken and Qualifications Gained (Specify Grades or Degree Class Obtained)

## 5. MEMBERSHIP OF PROFESSIONAL ORGANISATIONS

Date Joined	Institute/ Organisation	Grade Of Membership (Where appropriate)

## 6. **EMPLOYMENT RECORD** (Please list chronologically, starting with current or last employer)

Name and Address of Employer and Nature of Business:	From: To:	Job Title: Rolls & Responsibility:	Final Salary and Reason for Leaving

## 7. TRAINING

· HAMMO				
Details of any training of	ourses attended and	l awards achieved, incl	uding dates, if appropria	ate:
Details of any STCW co	urses attended, inclu	uding dates, if appropri	ate:	
Details of any Marine Q	ualifications (ie RYA	BML qualifications), in	cluding dates, if approp	riate:
. Vessel Log (if applyin	g for a Master's pos	ition)		
Name of Vessel	Fram.	Duanultian tunas, (ia	let CDD) Bele enhanted	_

Name of Vessel	From:	Propultion types: (ie, Jet, CPP)	Role onboard:
	То:		

# 9. About you In no more than 50 words describe yourself In no more than 50 words describe why you would like to work with us. 9. DISABILITY DISCRIMINATION ACT 1995 If you require any special arrangements to be made to assist you if called for interview, please let us know in advance of the interview. 10. REFEREES Please give the details of two work related referees, including your current or most recent post. Referees will not be contacted without your prior approval. Name: Name: Position: Position: Company: Company: Address: Address: Telephone No.: Telephone No.: Nature of Relationship: Nature of Relationship: 11. VERIFICATION OF INFORMATION I certify that all information which I have provided is correct. I understand that any false information given may result in a job offer being withdrawn.

Date:

Signature:

NOTES:

Please send this form, along with any supporting documents, either by:

Email: jobs@jetstreamtours.com

Post: HR, Sun Pier House, Medway Street, Chatham, ME4 4HF