

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.

Position:

1. POSITION APPLIED FOR:

	If full time state av	ailability:		
	If part time state a	availability:		
2. PERSONAL DETAILS				
Surname:		Home number:		
Forenames:		Mobile number:		
Title:		Date of Birth:		
Address:		Postcode:		
Email address:				
	of this right before an appropriate documen	offer of employment can be confirmed – t required to confirm your right to work in 96	Yes	No
3. EDUCATION				

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

'. TRAINING					
Details of any training	courses attended and	d awards achieved, including date	es, if appropriate:		
D / 11 / OTOM					
Details of any STCW (courses attended, incl	uding dates, if appropriate:			
Details of any Marine	Qualifications (ie RYA	/BML qualifications), including da	ates, if appropriate:		
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Name of Vessel	Vessel Log (if applying for a Master's position) Name of Vessel From: Propultion types: (ie, Jet, CPP) Role onboard:				
	То:	, , ,			
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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. **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. Signature: Date:

NOTES:

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

Email: jobs@jetstreamtours.com

Post: HR, Unit 12, Innovation Studios, Canal Road, Strood, ME2 4DT