Halloween Lakeside Light Trail Team Member

Personal Details			
Surname:			
Forename(s):			
Home address:			
Mobile telephone number:			
Email address:			
1: Current / Most recent employm	nent .		
Name of employer:			
Dates employed:	From: To:		
Position held:			
Summary of duties:			
2: Previous employment (If currer	nt or most recent was for less than 5 years)		
Name of employer:			
Dates employed:	From: To:		
Position held:			
Summary of duties:			
Other/Additional Employment			
If offered this position, would you continue to work in any other capacity?	Yes No No		
If <u>yes</u> , please provide details of the job role and it's contracted hours per week.			
Crimical Convictions			
Do you have any crinimal convictions If yes, please provide details:	considered unspent under the Rehabilitation of Offenders Act 1974?		
Induction avaliability			
	s before the event for successful applicants where you can see the event location and venue and fill in relevant paperwork and forms. Experiment & Thursday 28th September 2023. If you are successful in your application we will need you to attend one of these induction evenings ASAP.		
Please confirm which dates you can attend (if you can do both tick both and we will let you know which one to come to - you only need to attend one).			
Wednesday 27th September - Thursday 28th Sep			
I am unable to attend either session - Please comment dates/times that are suitable for yourself:			

What has motivated you to apply for this position?			
Job Role Interested in (Please tick multiple if you are i	interested in more than one role)		
☐ Event Steward			
☐ Bar Staff (18+ to serve, assistants can be 16/17)☐ Face Painter			
Suitability for the post			
he person specification provides an outline of the skills you	will require to be successful with your application.		
Jse the space below to provide examples of where you have	demonstrated these skills.		
What we are looking for in our Stewards:	What skills, qualities and / or experience do you have?		
	Example response: I have [x number] of years' experience within a		
	customer service role which included [example(s)].		
Excellent communication and interpersonal skills with people of all ages.			
A passion for providing great Customer Service.			
Commitment to adhering to Health and Safety procedures.			
	<u></u>		
Previous Events and Stewarding Experience / Addition	al Information / First Aid Qualifications		
Please tell us about any previous event or stewarding experi	ience that you may have, as well as any other experience you feel would be beneficial to your application:		
Also, please tell us about any first aid qualifications you hav	e, including expiry dates:		

Referees:		
One must be your present or most rec We will not normally accept reference We reserve the right to request more If you provide your referee email add	es from relatives/friends.	
Referee 1 - Do you give as permission	TO COMMUNITY THIS TELEFORE: Tes NO	
Personal Details		
Name:		
Position:		
Company (if applicable):		
Address:		
Contact telephone number:		
Email address:		
	to contact this referee? Yes No	
Personal Details		
Name:		
Position:		
Company (if applicable):		
Address:		
Contact telephone number:		
Email address:		
Advertisement of vacency:		
Please tell us where you heard about / saw this vacancy advertised.		
Declaration		
I declare that the information given within my application for employment is true and complete to the best of my knowledge.		

If any of this information given by me in this form or in support of my application is subsequently found to be untrue, I recognise that any offer of employment/work may be withdrawn, or my employment with Partridge Lakes Halloween Light Trail terminated.

Signature

Date

Please return your completed application form by email to: info@halloweenlakesidelighttrail.co.uk

Thank you for application to Halloween lakeside Light Trail

