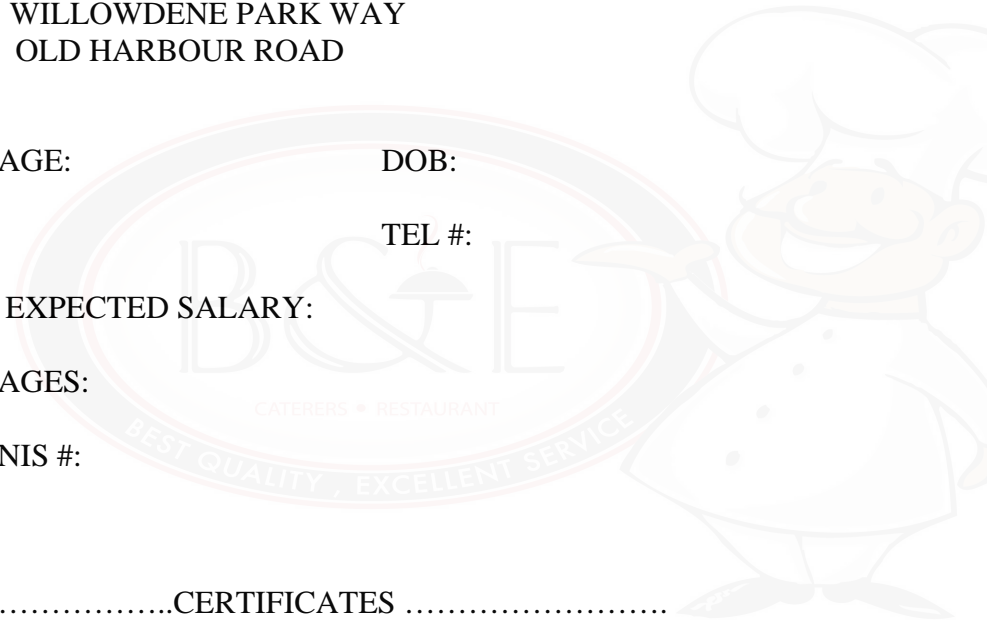


# B & E CATERERS AND RESTAURANT LIMITED

375 WILLOWDENE PARK WAY  
OLD HARBOUR ROAD



NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ TEL #: \_\_\_\_\_  
 POSITION REQUIRED: \_\_\_\_\_ EXPECTED SALARY: \_\_\_\_\_  
 NUMBER OF CHILDREN: \_\_\_\_\_ AGES: \_\_\_\_\_  
 TRN #: \_\_\_\_\_ NIS #: \_\_\_\_\_  
 SCHOOLS ATTENDED:  
 1. ....CERTIFICATES .....  
 2. ....CXC / GCE PASSES .....

PREVIOUS PLACE OF EMPLOYMENT	POSITION HELD	YEARS/ MONTHS	REASON FOR LEAVING

DO YOU HAVE A VALID FOOD HANDLERS PERMIT \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_

GIVE AT LEAST TWO REFERENCES FOR CHARACTER AND ABILITY

NAME	BUSINESS	TELEPHONE
1. -----	-----	-----
2. -----	-----	-----

DO YOU HAVE ANY FORM OF FREQUENT ILLNESS, EG ASTHMA, MIGRANE, SINUSITIS ETC.  
PLEASE COMMENT

IF EMPLOYED, I AGREE TO WORK ON THREE MONTHS PROBATION WITH THE UNDERSTANDING THAT MY SERVICES MAY BE TERMINATED WITHOUT NOTICE IF MY SERVICES ARE FOUND TO BE UNSATSIFACTORY.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_