23 | APPLICATION FORM

Applicants must be 16 years or older

FSTD 1911	Position Appointed :		Dept:	Emp No:
	Rate of Pay:	PPS No:	Visa Type:	Hours permitted
LYDON	nace of ray,		, iou i yper	
HOUSE	16-18 yrs- DOB/ID doc ir	nspected:	Visa or ID Verified	by (print):
BARS, RESTAURANTS, CATERING, EVENTS				
Contact Information:				
RST NAME:	SURNAME:	EMAIL:		
ADDRESS:				EIRCODE:
NOBILE:	*1. DATE OF BIRTH	*2. PPS No	:	Criminal Convictions:
				YES NO
	es, please provide details)	Emergeno	ry Contact Name:	Emergency Contact Number:
YES				
ligible to work in Ireland: YES NO	Please provide details of visa		(if applicable)	
Work Experience History:				
	Dates (To-From):	Position:		Dates (To-From):
Position:	Dates (To-From):		Name & Address	Dates (To-From):
Position:	Dates (To-From):		Name & Address	Dates (To-From):
Position: Company Name & Address		Company		Dates (To-From): of the tasks undertaken)
Position: Company Name & Address		Company		
Position: Company Name & Address Outies; (please provide detai		Company	lease provide details c	
Position: Company Name & Address Duties; (please provide detail	ils of the tasks undertaken) Contact No:	Company Duties; (p	lease provide details o	of the tasks undertaken) Contact No:
Cosition: Company Name & Address Puties; (please provide detail	ils of the tasks undertaken) Contact No:	Company Duties; (p Referee Na carrying out your duties?	lease provide details o me: E.g. Asthma, Epilepsy, Ba	of the tasks undertaken)
cosition: Company Name & Address uties; (please provide detail	ils of the tasks undertaken) Contact No:	Company Duties; (p Referee Na carrying out your duties?	lease provide details o me: E.g. Asthma, Epilepsy, Ba	of the tasks undertaken) Contact No:
company Name & Address ruties; (please provide detail	ils of the tasks undertaken) Contact No:	Company Duties; (p Referee Na carrying out your duties? any) that may be provided.	lease provide details o me: E.g. Asthma, Epilepsy, Ba	of the tasks undertaken) Contact No:
Position: Company Name & Address Duties; (please provide detail	Contact No: condition that may inhibit you in coll yes, please provide details (if	Company Duties; (p Referee Na carrying out your duties? any) that may be provided.	lease provide details o me: E.g. Asthma, Epilepsy, Ba	of the tasks undertaken) Contact No:
Position: Company Name & Address Duties; (please provide detail Referee Name: O you suffer from any medical of YES NO dave you worked with Lydon Ho	Contact No: condition that may inhibit you in coll yes, please provide details (if	Company Duties; (p Referee Na carrying out your duties? any) that may be provided.	lease provide details o me: E.g. Asthma, Epilepsy, Ba	of the tasks undertaken) Contact No:

of my recruitment by Lydon House Catering(LHC) and I understand it will be stored securely and not shared with any third parties other than Revenue or relevant regulatory bodies. I reserve the right to withdraw my consent at any time by contacting hr@lydonhousecatering.com. I agree to receive text and email alerts from LHC regarding upcoming events. Note: All unsuccessful applications will be deleted/securely destroyed after racing season.

Signed: Date:

Applicants under 18 years must produce either their passport or original birth certificate at interview stage.

A valid PPS number is required prior to an offer of employment being confirmed but can be with held at application stage if preferred.





