

Megazone Laser Games Leicester

Application for Employment

Please return to: The Manager, Megazone Leicester, 171 Belgrave Gate, Leicester, LE1 3HS

CREW MEMBER

First Names		Date of Birth	
Surname		Age	
Address		Sex	
		Nationality	
		Email	
		Tel (Day)	
		Tel (Evening)	
N.I. Number		Mobile	

Education

Please give details of schools and colleges attended and qualifications obtained

School / College / University	From	To	Qualifications (eg: GCSE Maths)	Grade

Please use a continuation sheet if necessary

Employment

Please give details of your current and previous employers

Name & Address of Employer	From	To	Brief Details of Duties	Reason for Leaving

Please use a continuation sheet if necessary

Referees

Please give the names and contact details of two people, not related to you, from whom references may be obtained.

You should obtain their permission before returning this form.

Name	
Business / Occupation	
Address	
Telephone	
Name	
Business / Occupation	
Address	
Telephone	

Availability

Please indicate which times you are available for work. Opening times are Mon-Friday 11:00 – Midnight. Saturday & School Holidays 10:00 – Midnight. Sunday 10:00 – 22:00

Staff may be required to work outside these opening times.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
Until							

Approximately how many hours would you prefer to work each week?

