

Application Form & General Health Questionnaire For Seasonal Work

Please print in black ink, completing all sections of the application form. This application is designed for singles or for couples who wish to work together. Please ensure that all boxes are completed. If you need further space, please use a separate sheet of paper.

Position Applied for:

Applicant 1

Surname	First Names	Date of Birth
House/Flat No.	Address Line 1	Address Line 2
Town/City	County/Region	Post Code
E-mail address	Home Telephone Number	Mobile Telephone Number
Nationality	Do you hold a valid EU Passport	If yes, country of issue

If you do not hold a valid EU passport the ECS Limited DO NOT provide a permit or visa to allow you to work in Europe

Availability

Available From	Available To	Notice Period Required

Transport & Living Accommodation

Will you be bringing a car?	YES/No	Make & Model	Length/Width/Height including A frame
Will you be bringing a Caravan	Yes/No		
Will you be bringing a Motorhome?	Yes/No		
Will you need a live tent?	Yes/No		



Applicant 1 – Previous Work Experience within the camping industry

Company	Position	Campsite	From/To

Applicant 1 – Previous Work Experience – non camping industry

Company	Position	Campsite	From/To

Languages Spoken

First Language	Other Languages	Level

Any additional skills/qualifications



Position Applied for:

Applicant 2 (if applying as a couple)

Surname	First Names	Date of Birth
House/Flat No.	Address Line 1	Address Line 2
Town/City	County/Region	Post Code
E-mail address	Home Telephone Number	Mobile Telephone Number
Nationality	Do you hold a valid EU Passport	If yes, country of issue

Available From	Available To	Notice Period Required

Transport & Living Accommodation (please indicate if same as Applicant 1)

Will you be bringing a car?	YES/No	Make & Model	Length/Width/Height including A-frame
Will you be bringing a Caravan	Yes/No		
Will you be bringing a Trailer	Yes/No		
Will you be bringing a Motorhome?	Yes/No		
Will you need a live tent?	Yes/No		



European
Camping Services Limited

Where did you hear about this vacancy?	Advert	Website	Word of Mouth	Happy Camp Personnel (please state names & site)

Details of criminal convictions unspent.

I declare that the information given on this application form, is to the best of my knowledge true and accurate.

Signed Print Name Dated
Applicant 1

Signed Print Name Dated
Applicant 2 (if applicable)

Please complete all boxes and post this Application & General Health Questionnaire, together with a recent photograph(s) to:

**Recruitment Team
European Camping Services Limited
C/O Camping Bella Italia
Via Camping Bella Italia, 2
37019 Peschiera del Garda (VR)
Italy**



General Health Questionnaire

Under the Equality Act 2010 the following questions should be answered as this will assist us in accounting for your ability to perform specific manual tasks that are an intrinsic function of the roles available

Applicant 1

Have you suffered from any of the following:-

- | | |
|---|--------|
| a) Back Problems or Pain | Yes/No |
| b) General Mobility Problems | Yes/No |
| c) Neck Injury/Pain | Yes/No |
| d) Knee, Hip or Foot Problems | Yes/No |
| e) Problems with lifting/carrying Heavy Items | Yes/No |

If you have answered 'yes' to any of the above questions please provide more details.

General Information - Any additional health information you feel is relevant.

Signed Dated

Applicant 2

Have you suffered from any of the following:-

- | | |
|---|--------|
| a) Back Problems or Pain | Yes/No |
| b) General Mobility Problems | Yes/No |
| c) Neck Injury/Pain | Yes/No |
| d) Knee, Hip or Foot Problems | Yes/No |
| e) Problems with lifting/carrying Heavy Items | Yes/No |

If you have answered 'yes' to any of the above questions please provide more details.

General Information - Any additional health information you feel is relevant.

Signed Dated
