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2
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 photos

HOTEL TRAINING / EXPERIENCE APPLICATION

POSITION APPLIED FOR / PUESTO SOLICITADO

Which kind of duties do you prefer? (Please tick one or more boxes)

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Any position | <input type="checkbox"/> Laundry | <input type="checkbox"/> Housekeeper |
| <input type="checkbox"/> Kitchen assistant | <input type="checkbox"/> Chambermaid / Room attendant | <input type="checkbox"/> Reception |
| <input type="checkbox"/> Chef assistant | <input type="checkbox"/> Waiter / waitress | <input type="checkbox"/> Chef |
| <input type="checkbox"/> Handyman | <input type="checkbox"/> Porter | <input type="checkbox"/> Supervisory |
| <input type="checkbox"/> General assistant | <input type="checkbox"/> Barstaff | <input type="checkbox"/> Other _____ |

Earliest start date _____ Minimum stay _____ months Maximum stay _____ months

ABOUT YOUR PLACEMENT / UBICACIÓN

What are you looking for? (Please tick one or more boxes)

- | | | |
|--|--|--|
| <input type="checkbox"/> Any location | <input type="checkbox"/> Any type of hotel | <input type="checkbox"/> Any type of accommodation |
| <input type="checkbox"/> In / near a city | <input type="checkbox"/> Large chain of hotels | <input type="checkbox"/> On site accommodation |
| <input type="checkbox"/> In / near a town | <input type="checkbox"/> Family run hotel | <input type="checkbox"/> Staff house / flat |
| <input type="checkbox"/> In / near a village | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Single room |

Remarks / Observaciones: _____

PERSONAL DETAILS / DATOS PERSONALES

Surname _____ First name(s) _____

Nationality _____ Male Female Date of birth _____ of _____ 19 _____

Address _____ City _____ Post code _____

Mobile _____ Phone _____ E-mail _____

Marital status Single Married Divorced Widowed Level of education _____

Do you smoke? Yes No Do you have a driving license? Yes No Food Hygiene Certificate? Yes No

First Aid Certificate? Yes No Computer knowledge? _____

Do you suffer from any allergies/medical problems? Yes No - If yes, please give details _____

Do you have a clean Police Record? Yes No - If not, please give details _____

List your interests/hobbies _____

LANGUAGES / IDIOMAS

What is your level of **written** English? (Please tick one box)

- Pre-intermediate Intermediate Upper-intermediate Advanced Proficient

What is your level of **spoken** English? (Please tick one box)

- Pre-intermediate Intermediate Upper-intermediate Advanced Proficient

Other spoken languages and level _____