



**C I B Canarias**, s.l.u.  
 C/. Lope de Vega, nº 30  
 38005 S/C de Tenerife  
 Tel: +34 922 22 83 83  
 Fax: +34 922 22 72 56



www.cib.es



cib@cib.es



Attach  
**2**  
 recent  
 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 \_\_\_\_\_