

HOSPITALITY EXPERIENCE FORM

NAME _____

NATIONAL INSURANCE NUMBER

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A= FULLY EXPERIENCED

B= SOME EXPERIENCE

Please tick boxes that are relevant to you:

	A	B
BAR STAFF		
BARISTAS		
BUTLERS		
CATERING MANAGER		
CHEF		
HEAD CHEF		
SOUS CHEF		
CHEF DE PARTIE		
DEMI CHEF DE PARTIE		
COMMIS CHEF		
PASTRY CHEF		
SAUCIER		
CONCIERGE		
CONFERENCE & BANQUETING STAFF		
COOK		
CUSTOMER SERVICE STAFF		
EVENT & EXHIBITION STAFF		
GROUNDKEEPER		
HOSTS		
KITCHEN SUPPORT		
LAUNDRY / LINEN ATTENDANT		
MAINTENANCE		
PORTERS		
PROMOTION STAFF		
PUBLICAN / LICENSEE		

	A	B
RECEPTIONIST		
RESERVATION MANAGER		
RESTAURANT MANAGER		
RETAIL STAFF		
ROOM ATTENDANT / HOUSEKEEPER		
ROOM SERVICE WAITING		
SECURITY MANAGER		
STEWARD		
TEAM LEADER / SUPERVISOR		
WAITING STAFF		
PLATE WAITER/ESS		
SILVER SERVICE		
WINE		
SOMMELIER		
COCKTAIL		
VENUE STAFF		
OTHER - PLEASE LIST		

