

APPLICATION OF SERVICES FOR SANTA EXPERIENCE

APPLICANTS MUST BE 18 YEARS OLD OR OVER

Name:	
Date of birth:	
Email address:	
Phone number:	
Address:	

	YES	NO
Have you worked at CZS before? (Please give details below. Eg. I have done the Trail of Terror before, and would love the chance to work another event.)		
Do you have any acting/Grotto Experience? (Please give details below. Eg. I have been Santa twice before at a shopping centre.)		

Please tick the dates you are available to work.									
Magic of Christmas – AM Shift : 8:00am to 1:00pm PM Shift : 1:00am to 5:00pm						Enchanted; Trail of Light – 5:00pm to 8:30pm			
AM	PM		AM	PM					
		22nd November			23rd November		28th November		29th November
		29th November			30th November		30th November		5th December
		6th December			7th December		6th December		7th December
		13th December			14th December		12h December		13th December
		16th December			19th December		14th December		19th December
		20th December			21st December		20th December		21st December
		22nd December			23rd December				
		24th December							

Requirements of the Role

- Attendance is required for our Selection Assessment and Santa School – dates to be confirmed.
- The Grotto start and finish time will vary on selected dated and be dependent on AM/PM shifts.
- Signing out with manager and returning of costumes would be required to secure payment.
- A costume will be provided.

Payment

- Payment will be done on an invoice basis.
- You will receive an hourly rate of pay depending on your age bracket.
- Payment will be within 30 days.

SUPPORTING INFORMATION – Please provide any information in support of your application. This should provide us with evidence of the skills, knowledge, personal attributes, competence and experience to carry out with the role for which you are applying (type in information)

DISABILITY – Do you require any special arrangements to be made to participate in the selection process on account of a disability? If yes, please give brief details (type in information)

CONVICTIONS – Have you ever been convicted of a criminal offence i.e. cautions, reprimands or warnings? If yes, please give details of any unspent convictions.

DECLARATION: Please read carefully before signing this application

I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during my employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act. I agree that should I be successful with this application, I will, if required apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company, any offer of employment may be withdrawn or my employment terminated.

Signed:**Date:**