

Please complete this application form in BLOCK CAPITALS and return it to Murrayfield Ice Rink Box Office.

Position applied for:

On Ice Steward

Date of	Birth: _							Na	itional l	Insurai	nce Nu	mber:					
Address	i:																
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Telepho	ne: (da	ıy):						(ev	/e):								
Telephone: (day):																	
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Employment History

Employers name & location:

Please detail your employment history starting with your most recent employer and working backwards. Please attatch an additional sheet if required

From/To:

Leaving salary and benefts:

Reason for leaving:

Job title and list of responsibilities:

Do you have another job? yes no If offered a position with MIR would you continue to work for your other employer? yes no If yes, please give details of hours and days you currently work for them:										
Skills & Qualifications Please list any skills or qualifications relevant to your application										
Educational Est	ablishment	From/To:	Qualification(s) gaine	on(s) gained & grade:						
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