

HOSPITALITY PROGRAM 2025

APPLICATION FORM TO BY COMPLETED BY THE EMPLOYER

EMPLOYERS NAME	
NATIONALITY	
COUNTRY OF RESIDENCE	
E-MAIL ADDRESS	
HOTEL NAME	
HOW LONG HAVE YOU BEEN WORKING AT THIS HOTEL	
APPLICANT FULL NAME	
RELATIONSHIP TO THE APPLICANT	
HOW LONG HAS THE APPLICANT BEEN WORKING AT THIS HOTEL	
WHAT WOULD YOU CONSIDER THE APPLICANTS KEY PROFESSIONAL SKILLS TO BE?	
WHY DO YOU CONSIDER HE/SHE A GOOD CANDIDATE FOR THE PROGRAM?	
PLEASE INDICATE WHETHER YOUR HOTEL OFFERS SPANISH GASTRONOMY AND/OR SPANISH PRODUCTS. PLEASE DESCRIBE.	

☐ I have read the Hospitality Program Dossier and accept it's conditions

Signature

Place and date