



Job Application Form

Please complete all sections of the form which apply to you. This information will help us to assess your suitability for employment with us. All information will be treated as confidential.

Vacancy title:

Please state how you heard about this vacancy:

Personal details (please circle as appropriate)

Full name:

Title: Mr/ Miss/ Mrs / Ms

Home address:

Mobile number:

Telephone number:

Email address:

Nationality:

National insurance number:

Hours of work

Are you looking for full or part time employment? F/time P/time
Are you willing to work weekends and bank holidays? YES/NO

Please state the days and times when you would be available for work

	Mon	Tue	Weds	Thurs	Fri	Sat	Sun
Earliest time available							
Latest time available							

If you are presently employed, how much notice does your employer require?

Do you have any holiday booked in the next 6 months? YES/NO If yes, please give details:

Education details Please give details of all schools/ colleges/ universities attended, most recent first, along with dates and examinations/ qualifications obtained.

Name of institution	Qualifications obtained

Please give details of any professional qualifications you hold:

Employment History (if applicable)

Please give details of your employment history since leaving full-time education, most recent first. If you require more space, please continue on a separate piece of paper.

Name of employer, address and type of business	Dates of employment	Position held and responsibilities	Salary on leaving	Reason for leaving

Tell us about you

What has attracted you to this role? What can you contribute to our team? In what way would your skills and experience benefit our company?

References

It is company policy to take references. Please give details of two people, who are not relatives, who we may ask for references. At least one should be from a previous employer, or in the case of students at least one should be from your school or college. All appointments are made subject to satisfactory references, and we reserve the right to contact any previous employer to seek references.

Name

Relationship to you

Address with postcode

Email

Telephone

Name

Relationship to you

Address with postcode

Email

Telephone

Do you have any criminal convictions other than those defined as 'spent' under the Rehabilitation of Offenders Act 1974?

YES/ NO If yes, please give details:

How soon could you start work if appointed?

If we offer you a position with the company, we may ask you to apply for a police/criminal record check at the start of, or at any time during your employment with us. Please confirm that you are prepared to make such an application at the company's expense.

YES/NO

Do you have a driving licence? YES/NO

Do you have any endorsements on this licence? YES/NO If yes, please give details:

Asylum and Immigration Act 1996

Under the Asylum and Immigration Act 1996, we can only employ people who have the right to live and work in the UK. You will therefore be required to provide the appropriate documentation prior to any appointment being made.

Are you legally entitled to live and work in the UK, and able to provide appropriate documentation?

YES/NO

Do you require a work permit?

YES/NO If yes, please give details:

Applicant declaration

Please note that everything that you have told us will remain confidential. Please also ensure that you have filled in the Medical Health form with this application form.

I declare that the information provided on this form is to the best of my knowledge accurate, and that I will inform Ashtead Park Garden Centre of any changes

Signed:

Date:

Ashtead Park Garden Centre Medical Health Declaration

Name:

Position applied for:

We have a responsibility to our employees to ensure that their work is not in any way detrimental to their health. We therefore ask all applicants to fill out this form to ensure that you are fit for the work you are being considered for.

Any information provided by you on this form will be treated in confidence, but please do not include any medical details of any conditions; if you answer 'yes' to any question, you will be given a further form which will only be read by the Centre Manager and the Managing Director, and will be confidential.

If you have a health problem which you feel may cause you difficulty in carrying out the following activities, please tick 'Yes'. If you are able to carry out the activity without any difficulty please tick 'No'.

Activity	Examples of activity within workplace	Yes	No
Walking			
Standing in one place for more than an hour	Standing at the till; watering		
Lifting and carrying	Lifting compost into customer's car; moving stock around		
Walking up and down stairs or ladders	Accessing storage areas		
Reaching and turning	Reaching for stock across till counter; moving stock around		
Bending and kneeling	Removing items from floor; using a dustpan and brush		
Pushing and pulling	Moving trollies; using a pump truck to move stock		
Using fingers and hands	Typing on a computer; using till; picking over bedding		
Working in hot, cold or wet conditions	Working in kitchen or outside in plant area		
Concentrating and remembering tasks	Carrying out instructions; using till		
Dealing with customers and colleagues calmly and politely in a pressurized environment	Staying calm and polite with difficult or rude customers		

Do you have any condition or illness, current or past, that may affect your work, or that you think we should know about? YES/NO
Do you have any current or recurring medical problem or disability that we need to be aware of, in order to make adjustments to your place of work to enable you to do the job, under the Equality Act 2010? YES/NO

Please tick which statement applies to you, and if the latter applies, please give dates of and the reason behind any absence from work during the past two years, excluding any statutory holiday taken. Please do not give full medical details.

I have not had any absences from work in the last 2 years

I have had absence in the last 2 years

Dates and reason:

I declare that the information provided on this form is accurate and truthful, and that I will inform Ashted Park Garden Centre of any changes.

Signed:

Date: