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| **SECTION 1 – PERSONAL DETAILS** |
| **Name:** |
| **Address:** | **Telephone Numbers****Day:****Evening:****Mobile:** |
| **Email Address:** |

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| **SECTION 2 – EMPLOYMENT DETAILS** |
| **Position Applied for:** |
| **What date will you be able to start work?**  |
| **Are you currently employed?**  |

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| **SECTION 3 – WORK HISTORY –** including voluntary, unpaid etc*(Starting with most recent)* |
| **Name & Address of Employer:** |
| **Telephone Number:** | **Job Title:** |
| **Start Date:** | **Leaving Date:** |
| **Details of duties/responsibilities:** |
| **Reason for Leaving:** |

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| **WORK HISTORY** continued **–**  |
| **Name & Address of Employer:** |
| **Telephone Number:** | **Job Title:** |
| **Start Date:** | **Leaving Date:** |
| **Details of duties/responsibilities:** |
| **Reason for Leaving:** |

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| **WORK HISTORY** continued **–**  |
| **Name & Address of Employer:** |
| **Telephone Number:** | **Job Title:** |
| **Start Date:** | **Leaving Date:** |
| **Details of duties/responsibilities:** |
| **Reason for Leaving:** |

If required, you may add additional information using A4 white paper and black ink

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| **Please state any reason for any gaps in employment.** |
| **Have you ever worked for this company before? Yes 🞏 No 🞏** |
| **If Yes, please give details including dates.** |

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| **SECTION 4 - EDUCATION** |
| **School/College/University** | **Qualifications (Subjects and Results)** | **Date Achieved** |
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| **SECTION 5 – TRAINING/QUALIFICATIONS –** Please give details of any relevant training or qualifications gained. |
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| **SECTION 6 – HOBBIES & INTERESTS –** Please give details of hobbies and interests**.** |
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| **SECTION 7 – GENERAL INFORMATION** |
| **Do you hold a current Driving License? Yes 🞏 No 🞏** **Do you have any endorsements on your license? Yes 🞏 No 🞏 (if yes, please state)** |
| **Please note any criminal convictions except those ‘spent’ under the Rehabilitation of Offenders Act. If you have none, please state ‘None’.** |

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| **SECTION 8 - HEALTH** |
| **Are you in good general health? Yes 🞏 No 🞏 If No, please state medical condition.** |
| **Are you receiving any medical treatment? Yes 🞏 No 🞏 If Yes, please state what.** |
| **Do you have any form of disability? Yes 🞏 No 🞏 If Yes, please give details of how we can help you overcome these limitations.** |
| **Please list any absence from work in the past 12 months and state the reasons for them.** |

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| **SECTION 9 - REFERENCES** |
| Please give the details of two people to whom we may contact for references (one of which should be your last or current employer). If you do not want us to contact them, unless we offer you the position, please tick the box 🞏 |
| **Name:** | **Name:** |
| **Position:** | **Position:** |
| **Name of Company:** | **Name of Company:** |
| **Address:** | **Address:** |
| **Telephone Number:** | **Telephone Number:** |
| **Length of Time Known:** | **Length of Time Known:** |

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| **DECLARATION** |
| It is understood and agreed that any misrepresentation by me on this application form will be sufficient cause for cancellation of this application and/or termination from the employer’s service if I am employed.I give the employer the right to investigate all of the references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organisations for furnishing such information.Applicant Signature ………………………………………………………………………… Date …………………………………………………………….. |

Ann Frost

DW Frost Wholesale Nurseries Ltd

Fosseway Nurseries

Fosseway (Old A46)

Car Colston, Nr Bingham

Nottinghamshire

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