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**APPLICATION FOR EMPLOYMENT**

Position Applied for:………………………….………………………………….…………………………………………………….

(Insert job name & hours available)

Full time Part time For attention of……………………………………………………...………….Date………..……………

**PERSONAL DETAILS**: - Please complete this section in **BLOCK CAPITALS**

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| --- | --- | --- | --- | --- | --- | --- |
| Surname | | | First Name(s) | | | |
| Permanent address  Home telephone No.  Mobile telephone No.  Email: | | | Temporary address (If any, with dates)  Home telephone No.  Mobile telephone No.  Email: | | | |
| Source if introduction (How did you find out about this position?) | | | Do you require a work permit? | | | National Insurance No. |
| Date of Birth (If under school leaving age)  Place of birth: | Do you have a Driving Licence? Yes / No  Licence No: | | | Car Owner: Yes / No Have you ever been: -  Disqualified: Yes / No  Outstanding Points: Yes / No | | |
| If you have any relatives or know any person employed at Aylings garden centre please give name: | | Have you ever applied for a position at Aylings garden centre? If yes, please state when, where and what position. | | | If you have worked for at Aylings garden centre before, please enter position and date. | |
| Please give name, address and telephone number of next of kin or person to be contacted in case of emergency. | | | | | | |
| Why are you applying for this position?  What skills, qualities and experience will you bring to the position you are applying for? | | | | | | |

**EDUCATION** – Include all examinations taken from the age of 15 - Irrespective of results

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| --- | --- | --- | --- |
| Dates from – to | Name of School/College | Date of Exams | Subject, Level and Results |
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# HIGHER / FURTHER EDUCATION / APPRENTICESHIPS / TRAINING COURSES

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| --- | --- | --- | --- |
| Dates from – to | University / College / Workplace | Course Title / Subject | Final qualifications obtained |
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ACHIEVEMENTS

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| What is your proudest accomplishment to date and why? |
| What are your main hobbies, interest or sport? |

**PRESENT EMPLOYMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full name and address of Employer: | | | | | |
| Nature of Business | Starting date  \_ \_ / \_ \_ /\_ \_ \_ \_ | Starting wage | Present wage | Minimum wage required | Notice required |
| Current position and description of duties | | | | | |
| Why do you want to leave? | | | | | |

**PREVIOUS EMPLOYMENT** Include ALL previous employment with no omissions & full address details. Use a separate sheet if necessary.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Dates | | Name & address of Employer | Nature of Business | Position | Reason for leaving | Salary at leaving |
| From | To |
|  | | | | | | |

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| --- |
| If you are currently unemployed, please give the reason why your last employment ended? |

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| If you have had any period of unemployment lasting more than one month, please explain the reasons? |

**REFERENCES** – Please complete this section in BLOCK CAPITALS

|  |  |
| --- | --- |
| Please give names and addresses of two references, including present employment, if applicable. Testimonials or references from friends and relatives are not acceptable. If you have not been previously employed, give one character reference and one educational reference. | |
| Name  Company  (If applicable)  Address  Post Code  Email:  I agree/ Do not wish for the reference to be taken up yet | Name  Company  (If applicable)  Address  Post Code  Email:  I agree/ Do not wish for the reference to be taken up yet |

CRIMINAL CONVICTIONS

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| --- |
| Have you ever been convicted of/cautioned for a Criminal Offence Yes / No  If “YES” please give details below (Under the Rehabilitation of Offenders Act 1974 spent convictions need not be declared) |

### DECLARATION

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| Do you have any impairment or are you currently seeing a medical practitioner for any impairment that may affect your ability to carry out heavy manual handling or other duties intrinsic to working in a garden centre? |

### GENERAL

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| Have you ever been made redundant or dismissed? YES / NO  If you were dismissed, please give the reason  Do you have any part time jobs? YES / NO  Have you any other commitments that limit your working hours? YES / NO  If “YES” please give details  Please state your availability: -  DAYS: Monday Tuesday Wednesday Thursday Friday Saturday Sunday  Time from: -  Time to: -  Can you work extra hours during School / College holidays? YES/ / NO  Have you any holiday commitments? YES / NO  If “YES” please give details |
| DECLARATION BY APPLICANT I certify that the information given in this form is, to the best of my knowledge correct. I understand that any false information or deliberate omissions will cause my application for employment to be unsuccessful or, in the event of employment, render me liable to dismissal. I understand that any engagement entered into is subject to references proving satisfactory.  **BEFORE SIGNING, CHECK YOU HAVE COMPLETED EVERY SECTION IN FULL – FAILURE TO DO SO MAY RESULT IN YOUR APPLICATION BEING DISREGARDED.**  **Signature of Applicant Date \_ \_ / \_ \_ / \_ \_ \_ \_** |